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A RE-EVALUATION OF CERTAIN ASPECTS OF THE THEORY OF INSTINCTUAL DRIVES IN THE LIGHT OF MODERN EGO PSYCHOLOGY

By

SAMUEL NOVEY, M.D., BALTIMORE,
MARYLAND

In the evolutionary development of our theoretical position in psycho-analysis it would seem valid to explain the currently observed phenomena with the least possible deviation from our previously established and tested position. As regularly happens in any sphere of science, the interplay between theoretical concepts and experimental observations is such that one or the other may be the more advanced at any given time, and may hence contribute to the development of the less advanced phase. There is substantial evidence that our current theoretical concepts regarding instinctual drives are lagging behind clinical developments in ego psychology. This is not to say that all of the essentially useful formulations in this area of the past are any less useful today, but that, like any growing organisms, certain additional hypotheses may now be fruitfully employed. This was brought home to me quite forcibly by the recent increased use of the paradoxical term ‘ non-instinctual energy ’ in the attempt to describe energic sources for certain fundamental ego operations neither libidinal nor aggressive in origin. If such energies exist, it is essential that a place be found for them in our theory of instinctual drives.

Throughout the development of psycho-analysis the theory of instincts has had, as its basis, the principle that it should embrace the psychic representation of all sources of inner needs or stimuli as opposed to external stimuli (7). With the development of ego psychology and the discovery of the organizing and synthesizing operations conducted by the ego, there is now a definitive need to include the energic sources of such operations within a theory of instincts. If this is done by postulating ‘ non-instinctual energy ’ in addition to sexual and aggressive energies in a greater or lesser degree of sublimation or neutralization, we are forced to discard the fundamental idea of an all-inclusive theory of instinctual energy. The purpose of this paper is to inquire whether it is necessary to discard our former conceptual basis, or whether the newer ego functions may not be incorporated into instinct theory in a more economic fashion.

While I am anticipating my major thesis, I believe that it will make for greater understanding if I present my final position and then proceed to present the supporting evidence.

In view of the findings of ego-psychology which substantiate the existence of an undifferentiated id-ego, it is necessary to postulate a primary quantum of energy which is bound to, and is thus part of, this *Anlage* of the ego. This primary ego energy can be incorporated into our current theory of instincts in a consistent fashion if we call upon Freud's old concept of ‘ ego-instincts ’. The former so-called ‘ ego-instincts ’ are, with Freud, best classified under Eros and are thus intimately a part of its exponent libido. Further, the ‘ self-preservative instincts ’ or ‘ ego-instincts ’ have a psychic instinctual as well as a ‘ biological representation ’. Thus the proposition is that the energy with which the primitive ego is endowed and the energy of the ‘ self-preservative instincts ’ are essentially one and the same thing, and are thus, in fact, a part of our theory of instinctual drives.

In order to appreciate fully the current status of those aspects of instinct theory which concern us here, it is necessary to examine the developmental origins of our theory. Without such a historical survey, it would not seem possible to appreciate fully the origins of the theory, the various additions and deletions from it, the possibilities of reconstituting certain aspects of it which seemed unproductive at some given time and, in general, to reappraise the validity of our present position in this area. Fortunately, in the writings of one man, Sigmund Freud, published between the years 1914 and 1949, there is the opportunity to demonstrate just such a developmental process. As I have perused the literature, I have been impressed by the numerous references to one or another phase of his development of instinct theory, but these references are often misleading since they are offered, as it were, divorced from his continuously developing frame of reference. Bibring's classic article (1), based upon a series of lectures delivered in 1934, is a monumental synthesis of the development of instinct theory up to that time, but the purpose seems to be to validate the then theoretical position. I have re-examined Freud's writings to see whether certain earlier hypotheses related to ego-instincts may not now be resynthesized in the light of our current knowledge. It is my intention to offer a developmental consideration of Freud's instinct theory and to follow it by some considerations of the works of others, which will perhaps be more clearly understood from the vantage-point we shall then have attained.

In his paper ' On Narcissism ', (6) Freud formulated his libido theory, i.e. his theory of ego and sexual instincts. This was motivated by a futile attempt to conciliate two manifestly conflicting theses. On the one hand he was puzzled by the relationship of narcissism to auto-erotism and attempted to resolve this by assuming ' some new operation in the mind ' in addition to auto-erotism (primary narcissism) in order that narcissism (secondary narcissism) might come into being. This was consistent with the view he then held of the ego as a crystallized outer portion of the id based upon its impact with reality and hence genetically of more recent origin than the id. The ' new operation ' was the development of a functional ego itself. On the other hand he found it imperative to postulate a non-sexual energy pertaining to the ego instincts and inferring an ego of the same genetic age as the id. He did this instead of assuming a uniform mental energy for all mental operations. This was necessitated by his fear that the concept of libido then held and its specifically sexual origins would become diluted unless some additional reservoir of energy were postulated. He was particularly uneasy about this point, but offered as arguments for this dichotomy the ' distinction between hunger and love ' as well as certain ' biological considerations '. Both these depended upon the separation of self-preservative from race-preservative drives. Before completing these considerations he emphasized the tentative nature of this particular theory of instincts and promised to discard it if a more valuable theory was discovered.

Freud formalized his concept of the libido theory in the 1915 edition of the *Three Essays on the Theory of Sexuality* (first published without this addition in 1905). This was based largely on the previously mentioned paper ' On Narcissism '. His special interest remained in the sphere of the transitions between ego-libido or narcissistic-libido and object-libido. He again posed the question how to distinguish ego-libido and ' the other forms of energy operating in the ego ', but left it unanswered. The dilemma could not be further resolved as long as the only means of observing libido was in the transformations of the object libido. Little mention was made of what were described as ' nutritive processes ', but his attention was primarily centred on the libido and its vicissitudes.

It may be seen from these considerations that Freud was bound to attempt some further development of his instinct theory, since he had placed himself on the horns of a dilemma in which he, for a time, found it impossible to alter his structural concepts of ego origins or of instincts. In ' Instincts and their Vicissitudes ' (1915) (7) he again emphasized the tentative nature of his commitment to the dualism of ego-instincts and sexual instincts. From later developments it would appear that his philosophical commitment to a dualistic theory of instincts denied any departure from this particular dualism until he had found a suitable replacement for it.

In this same article he envisioned hate as an ego function and thus as subserving the ego-instincts. In this consideration of love and hate the beginnings of his later concept of aggression as a primal instinct are introduced into his theoretical system. These considerations clearly constituted the intermediary phase of the shift-over from libido and ego instincts to life and death instincts. At this point, libido and love and ego and aggression are correlated, dependent on their association with the affective status of love and hate.

In the *Introduction to Psychoanalysis* (8), the continuing struggle went on, with Freud placing the libido in a more and more central position, certainly as regards psychopathology, but still plagued by the need to assign some substantial rôle to the ego instincts. His preoccupation with problems of pathogenesis as opposed to character development perhaps made for less concern with the ' ego-instincts ' for the time being. In his lecture on narcissism in this series he did, however, attempt to consider ego ' interests ', a function of the self-preservative instincts, as opposed to the libidinal investment of objects. He had none the less come increasingly to feel that disorders of libidinal investments were the primary source of emotional disorders. In these considerations Freud introduced, only to dismiss it, the concept of asexual libido. This was done under the pressure of what he envisioned as Jung's efforts to reduce the rôle of sexual libido in personality organization to a minor one. It was only considerably later, when the term libido came to be used by Freud as the exponent of Eros, that he accepted a far broader definition of libido.

Of special interest to my thesis are his considerations of ego ' interests '. He looked upon them as the representation of the energy of the ego and insisted that they be strictly separated from libido. The term libido as used in the sense extant at that time referred to the more specifically sexual energy related to the bodily orifices. He, in fact, assigned a significant if secondary rôle to the ego-instincts in pathogenesis, and seemed to be anticipating some of the problems which are confronting us today in our current attempts further to appraise the rôle of the ego in this regard.

An additional source of pressure for further clarification of instinct theory arose in this same series of lectures. In so far as Freud chose to minimize the rôle of the ego instincts he was loth to assign to the ego the prime function of the effective component of anxiety. He attempted for the moment to resolve this by assigning the affective component of anxiety to the ego-libido and the executive function to the ego-instincts, but this was the precursor of a new theory of anxiety and a new consideration of the functions of the ego which was soon to come.

In 1920, in *Beyond the Pleasure Principle* (9), Freud finally rejected the theory of self-preservative versus sexual instincts and established a new duality of life versus death instincts. In his formulation of this hypothesis he assumed that the ego instincts represented nothing more than a special case of the use of libido in the interests of self-preservation. He was unwilling, however, to make a final commitment as to the composition of the ego's total instinctual energy and expressed this in the following way.

> ' We suspect that there are in the ego other instincts than those of self-preservation; only we ought to be in a position to demonstrate them. Unfortunately so little progress has been made in the analysis of the ego that this proof becomes extraordinarily difficult of attainment. The libidinous instincts of the ego may indeed be conjoined in a special way with other ego-instincts of which we as yet know nothing. Before ever we had clearly recognized narcissism, the conjecture was already present in the minds of psycho-analysts that the " ego-instincts " had drawn libidinous components to themselves. But these are merely vague possibilities which our opponents will hardly take into account. It remains an awkward fact that analysis up to now has only put us in the position of demonstrating libidinous impulses. The conclusion that therefore there are no others is one to which we do not assent.'

The overall change in his concept of the basic duality into life, or libidinal, and death instincts represented not only a change of his structural theory of instinct, but also the abandonment of a theory based primarily on the *sources* of the instincts. Freud from now on talks of the more general philosophical *aims* of the instinct, towards life or towards death, anabolic or katabolic. He did not, however, then or at any time postulate psychic energy originating from inner stimuli of other than instinctual origin, and it seems to be the very intention of his entire metapsychology to account for all quanta of such psychic energy within a theory of instincts. This intention is more clearly evident in this new theory of instincts than in the earlier one.

In this new theoretical formulation, Freud was also strongly suspicious of the existence of instinctual energy in the ego related in some fashion to the death instinct and thus to aggressive energy. This was the logical outgrowth of his earlier considerations of hate as associated with the ego instincts and of the growing sense of the ego as the mediator as well as the executor between the instincts and reality. This association of the death instinct and the ego has resulted in certain current theoretical formulations (22) which will be considered later in this article.

In Freud's suggestion that there may be energy in the ego of other than libidinal origin, he unfortunately does not enter into any consideration of how one would fit further instincts into a dualistic schema. This represents one of the problems facing us today in any current attempt to revise the 'Theory of Instincts'. It is true, however, that the large group of psycho-analysts who have not accepted the concept of a death instinct or of an aggressive instinct have been functioning without such a dualistic concept, since for the most part they have given up Freud's earlier dualism of libido and ego-instinct also.

It should be especially noted that Freud's new concept of Eros or the instinct to bind together carried with it a far broader definition of its exponent libido. In the usage of the term 'libido' to define this energy in this new theoretical framework, it is used to include far more than what was commonly subsumed under the term libido or sexuality in psycho-analysis up to this time, and clearly includes the 'self-preservative instincts'. This has been a source of great misunderstanding, since there was an earlier period in which the sexual instinct, or the then concept of libido, was seen to include many activities among which were oral and anal ones. Freud encountered much resistance, largely outside of the psycho-analytic movement, to the incorporation of these activities into his theory of sexual development and of libido. The resistance to the present concept of Eros and the now even broader definition of libido is often confused with the earlier resistance to the original libido theory. The objections to the concept of Eros have been scarcely less vehement than was the earlier resistance, but this time the protests have come largely from within analytic circles themselves. It is possible that some of the tendency to confuse the first and second phases of the elaborations of libido theory are related to this resistance. As can be seen, this latter version of libido plays a considerable part in my theoretical formulation.

In 1933 the *New Introductory Lectures* (10) dismissed the concept of ego-instincts on the same basis as had been advanced in *Beyond the Pleasure Principle*, and reiterated the duality of Eros and Thanatos. This position is in striking contrast to that which he presented in his article 'Analysis Terminable and Interminable' (11) four years later. In that article there is the most radical departure from his earlier position which had envisioned the ego as a 'cortical' layer of the id which had developed out of the id's contact with reality. It is this very position which precipitates us into the need to extend our conceptualization of instincts, since Freud posits an *Anlage* of the ego and infers special psychic instinctual energic sources which relate to it.

After discussing modifications of the ego acquired during the defensive conflicts of early childhood, Freud says :

> 'We have no reason to dispute the existence and importance of primary congenital variations in the ego. A single fact is decisive, namely, that every individual selects only certain of the possible defensive mechanisms and invariably employs those which he has selected. This suggests that each individual ego is endowed from the beginning with its own peculiar dispositions and tendencies, though it is true that we cannot predicate their nature and conditioning factor. Moreover, we know that we must not exaggerate the difference between inherited and acquired characteristics into an antithesis: what was acquired by our ancestors is certainly an important part of what we inherit. When we speak of our "archaic heritage" we are generally thinking only of the id and we apparently assume that no ego is yet in existence at the beginning of the individual's life. But we must not overlook the fact that id and ego are originally one, and it does not imply a mystical over-valuation of heredity if we think it credible that, even before the ego exists, its subsequent lines of development, tendencies and reactions are already determined.'

And a bit later in the same article :

> 'When we recognize that the peculiarities of the ego which we detect in the form of resistances may be not only acquired in defensive conflicts but determined by heredity, the topographical differentiation between ego and id loses much of its value for our investigations.'

In his final work, the *Outline of Psychoanalysis* (12), Freud does not again refer to the 'inherited' characteristics of the ego, but seems to imply that the self-preservative functions come into being with the emergence of the ego. Where they or their precursors are prior to this time is not considered. During the course of these considerations Freud states :

> 'There can be no question of restricting one or the other of the basic instincts to a single region of the mind. They are necessarily present everywhere. We may picture an initial state of things by supposing that the whole available energy of Eros, to which we shall henceforward give the name of libido, is present in the as yet undifferentiated ego-id and serves to neutralize the destructive impulses

which are simultaneously present. (There is no term analogous to " libido " for describing the energy of the destructive instinct.) It becomes relatively easy for us to follow the later vicissitudes of the libido; but this is more difficult with the destructive insinct.'

As can be seen, the introduction of a concept of an ' undifferentiated ego-id ' represents a far-reaching departure in our metapsychology. It brings with it the necessity to re-evaluate psychic economics and dynamics in a fashion consistent with this altered topography. This, of course, involves a redefinition of our theory of instincts.

In the same book he returns to the question of the self-preservative instincts and states :

> ' The first organ to make its appearance as an erotogenic zone and to make libidinal demands upon the mind is, from the time of birth onward, the mouth. To begin with, all mental activity is centred upon the task of providing satisfaction for the needs of that zone. In the first instance, of course, the latter serves the purposes of self-preservation by means of nourishment; but physiology should not be confused with psychology. The baby's obstinate persistence in sucking gives evidence at an early stage of a need for satisfaction which, although it originates from and is stimulated by the taking of nourishment, nevertheless seeks to obtain pleasure independently of nourishment and for that reason may and should be described as " sexual ".'

In this quotation, Freud has introduced, but not further elaborated on, some considerations which seem to merge into the current phase of development of ego psychology and instinct theory. When he says that the mouth ' serves the purposes of self-preservation by means of nourishment, but physiology should not be confused with psychology ', he seems to be presuming that these ' self-preservative ' impulses have no mental representations. I should like to include the following two quotations from the same book in his consideration of dreams in which the desire to sleep and to eat seem both to have mental representation and to be capable of suppressing or stimulating motor activity as well :

> ' With the help of the unconscious every dream in the process of formation makes a demand upon the ego for the satisfaction of an instinct (if it originates from the id) or for the solution of a conflict, the removal of a doubt, or the making of a decision (if it originates from a residue of preconscious activity in waking life). *The sleeping ego is focused upon the wish to maintain sleep*; it regards this demand as a disturbance and seeks to get rid of the disturbance. The ego achieves this by what appears to be an act of compliance: it meets the demand with what is in the circumstances the innocent fulfilment of a wish, and this disposes of the demand. This replacement of a demand by the fulfilment of a wish remains the essential function of dream-work.'

And :

> ' During his sleep a need for food stirs in the dreamer. He has a dream of a delicious meal and sleeps on. The choice, of course, was open to him of either waking up and eating something or of continuing his sleep. He decided in favour of the latter and satisfied his hunger by means of the dream; at all events for the time being—*since if his hunger had persisted he would have had to wake up nevertheless.*'

The wish to sleep or the need for food are represented mentally, and these needs stem out of our biological selves and meet all of the qualifications of an instinctual drive. This had been succinctly stated by Ernest Jones in his paper on ' Psychoanalysis and the Instincts ' (15), wherein he discusses the development of Freud's theory of instincts and says :

> ' The sexual instinct is not at first a unit. It consists of various components, emanating from manifold organic sources. These components at first function quite independently of one another, each as it were blindly seeking for organic pleasure and satisfaction, and it is only later that they combine in the function of reproduction. They at first begin in conjunction with the activity of ego instincts, for instance hunger, with which they have a common source, aim, and object, and only gradually do they emancipate themselves from this association to achieve an existence of their own. An infant sucks in food before it sucks its thumb and long before it uses its lips for kissing.'

From this historical survey it is clear that Freud's theory of instincts coincides in time with that phase of the development of psycho-analysis which was primarily concerned with id psychology and only comparatively late in his career with ego psychology. In the late nineteen-twenties two papers were presented which indicate the direction which psycho-analysis was then taking. One of these was Wilhelm Reich's first article on ' Character Analysis ' (21) and the other, Herman Nunberg's ' The Synthetic Functions of the Ego '(19); the latter article was presented at the International Psycho-analytical Congress in July 1929. These presentations marked very real progress in the direction of establishing a more coherent ego psychology in psycho-analysis, the lack of which Freud had long deplored. This area of psychology was greatly incremented with the publishing of Anna Freud's book, *The Ego and the Mechanisms of Defence* (4) in 1937. From that time on, we are warranted in speaking of the sphere of ego psychology in psycho-analysis as being established on a firm basis. It should be noted how closely this coincided in time with Freud's last contributions to instinct theory, and we can see the beginning impact of modern ego psychology in Freud's last writings on this subject, as I have already pointed out.

There has been little attempt to correlate the findings of ego psychology with the theory of instincts in a formal sense, although here and there one finds suggestive comments in this regard. Thus Weiss states (23) :

> ' In the first place, by extending the scope of the libido to all the life drives, Freud observed his earlier distinction between the self-preservative (ego) and the race-preservative (sexual) drives. While, as he recognized, it is incorrect to exclude the ego from the operation of libido, a valid distinction can be made between ego strivings, with undisplaceable goals—hunger, for example—and the more elastic sexual urges ; and in fact many clinical findings and characterological studies bear out Freud's previous statements.'

Simmel (22) was deeply concerned with the comparative neglect of the ego instincts in our present theory of instinct. In his construction, he fell back on the position Freud had held earlier (as has been discussed in this paper in connexion with my considerations of Freud's article on ' Instincts and their Vicissitudes '), and attempted to correlate the destructive energies not with the death instinct but as manifestations of an instinct of self-preservation. In order to do so, he had to translate hunger as an instinctual origin into an ' instinct to devour ' and to introduce an ' ultimate aim ' of ' self-preservation and self-development ' for this instinct. This seems to be an evident confusion of variable activities associated with the same bodily zone. The association of destructive and libidinal activities with the same organic area by no means allows us the liberty to assume similar psychic aims or instinctual origins for them. I should rather view Simmel's paper not as a new theory of instinct, as he would have it, but as a skilful consideration of the relationships of aggressivity and the death instinct with regard to their early manifestations in gastrointestinal activity.

The concept of an ego which has its own definitive energic source subsumed under Eros would also put some of Fenichel's views into somewhat better focus. Fenichel (3) held that the instinctual conflict is a structural conflict as well. This is consistent with Freud's earlier views of sexual and ego instincts as opposing forces where the instinctual conflict had of necessity to be a structural conflict. It is not germane to the purposes of this paper to enter into further considerations of the conflicts between Eros and Thanatos (or libido and aggressive instincts) and between part components of those individual instincts.

The need for an economic theory of psychic energy origins and transformations in psycho-analysis has been present from very early days, and the formulations and hypotheses in these directions have represented a critical part of the framework which has made for the development of psycho-analysis. It is not clear in certain substantial contributions to ego psychology (13) why such ego operations cannot be integrated into a drive theory. This theory was after all intended to account for *all* the energic aspects of the psychic human economy. If the evidence leads us to consider the ego aspect of the undifferentiated ego-id as having already been endowed with the quanta of energy, it would seem more appropriate to revise our theory of the economic distribution of drive energy in a topographical sense than to postulate energies of a non-instinctual sort. As one reads about primary autonomy of the ego (14, 20) the need to correlate this with Freud's instinct theory seems great indeed. The exponents of this view seem to have been forced into assuming ego characteristics which are conflict-free and antedate conflict. At the same time they are sufficiently bound by the concept of the ego as being born out of conflict to choose not to follow the seemingly inevitable next step and postulate a place for such autonomous ego energy in our theory of instincts.

Nacht's (16) objection to the concept of the primary autonomy of the ego as existing prior to conflict is met by assuming that the primitive ego has a definitive charge of instinctual energy. His valid objection to the postulated yet evanescent ' physiologic somatic aspects ' of ego origin and development, as well as his objections to primary ego contributions to the processes of learning and maturation, are dealt with through the introduction of primary ego instinctual energy into our theory of instincts.

In the very wordings of our modern definition of ' character ', which is nearly identical with our concept of the ego, the distance we have gone from our old picture of the ego is startling. Thus to quote Fenichel (2) :

> ' The concept of character evidently has a broader scope than " modes of defence anchored in character ". The ego not only protects the organism from external and internal stimuli by blocking its reactions. It also reacts. It sifts and organizes stimuli and impulses: it permits some of them to find expression directly, others in a somewhat altered form. The dynamic and economic organizations of its positive actions and the ways in which the ego combines its various tasks in order to find a satisfying solution, all of this goes to make up " character ".
>
> Thus there are many character attitudes that cannot be called defences. But there are none that would be independent of instinctual conflicts . . . '

The gradual introduction of the theory of ' character ' coincides with an important shift in the technique of psycho-analysis. Its therapeutic scope broadened as a result of a greater awareness of both the defensive and the integrative activities of the ego. Psycho-analysis could no longer be content with the old picture of the neurosis as a product of an ego which represses instincts as a slavish response to the pressure of a malformed superego. While the superego still remained a major factor in the production of emotional disorders, disturbances of the ego itself were seen to play an increasingly significant part in them. The ego is an integral reacting component of the mental life and plays a major rôle in making up what we describe as ' character '. In the analysis of character disorders it is thus essential to appraise the integrative as well as the repressive aspects of ego operations and to deal with them in a therapeutic manner (17).

The analysis of character disorders has added a considerable impetus to the need for a reappraisal of instinct theory, and I have considered some of the attempts which are being made to this end. Interestingly enough, the very development of ego psychology has raised questions in some quarters as to the validity and usefulness of *any* theory of instincts, of the particular choice of a dualistic theory of instincts, and of the choice of the death instinct as a part of the dualism. A brief consideration of these questions is appropriate here.

Much confusion has arisen within and outside the field of psycho-analysis through attempts to establish the validity or lack of validity of instinct theory by correlating it with biological concepts in animals or man. The proposition that the infant is potentially capable of certain mental operations hardly needs defending. For purposes of *convenience and utility* we are given, in psycho-analysis, to conceptualize this energy as an instinctual drive and, in the most general terms, to conceive of it as having anabolic or katabolic directions. Much of the conflict as to the existence of instinctual drives has arisen over the Libido Theory. Whether or not this concept should prove *biologically* valid, its implications for *psychological* theory have been such as to warrant its continued use.

Some share of the heritage in psycho-analysis of attempting to base psychological theory on biological theory can be traced to Freud himself and to the intellectual atmosphere of the early twentieth century. In that period of intense development in science, it appeared that we would shortly bridge the gap between psychic process and chemical bodily process. While such a development has not occurred, it was in such a setting that Freud could develop his Libido Theory. This theory has survived and is still useful as a psychological theory, but there is no more to sustain the correlation of it and its presumed biological antecedents than there was when Freud wrote his paper ' On Narcissism ' in 1914.

The time is past when the specifically sexual aspects of the theory of instincts would be the main source of resistance to it, at least in scientific circles. The current objections seem to arise from a distorted application of scientific methodology. The human being develops through the phase of infancy in a complex interrelationship with other human beings. There would seem to be no question but that, whatever inborn drives of a physical or psychological nature there may be, the impact of other persons upon the infant will have great formative influence. This thesis has been repeatedly stressed in psycho-analysis, although it is often disregarded. It is valid to assume, however, that the environment must have some matrix within the infant, tending towards certain directions of development, upon which to exert its influence. The *psychological theory* of instinctual drives is essentially an attempt to define this matrix in a useful fashion with the intention of employing it as an investigative and therapeutic instrument.

Another problem area with regard to instinct theory arises from the necessary evaluation of the relative advantage in psycho-analysis of a monistic, dualistic, or other theory of instincts. The advantage of a dualistic theory of instinct resides in the fact that it is the simplest one which allows for the possibility of conflict between instinctual drives. The concept of conflict between drives is of practical usefulness in psycho-analysis, and places the theory of instinctual drives into a framework consistent with the theories of opposing forces which we have found of such great value in our practical analytic work.

It is true that a theory of more than two instincts would have some advantage in that it would allow for a broader conceptualization of numerous part forces within the personality, but, in addition to being cumbersome, it has little to offer that the broad concepts of life and death instincts and their part operations do not offer already. Freud discovered long since that such a multiplicity of instincts would be necessary if one remained bound to the source of the instinct and thus adopted a relatively simplified theory based on the aim of the instinct. There is some reason to believe that modern science in general has found increasingly less utility in such dualistic concepts and has moved more and more towards a monistic and, at the same time, pluralistic philosophy. It is conceivable that this development can be more directly incorporated into psycho-analysis at some later time, but that does not seem to be true at present.

The theory of the death instinct or of an aggressive instinct has had a much more quizzical reception in psycho-analysis than has the theory of libido. Curiously enough, many of those who now adhere to the libido theory do so without significant awareness that they have long since parted company with Freud in a far broader area. In rejecting the death instinct they reject not only it but Freud's later broader conceptual framework of libido itself. This is not to say that such differences of view may not arise within a scientific discipline or that one or another group is inevitably in the right. It is well, however, that the total implications of such differences should be clearly brought out.

The theory of the death instinct has not only to do with setting up the inevitable negative corollary to the life instinct. Bound as we have been to a theory of ever-developing life process, we have attempted to explain all the cruel, destructive aspects of man's relations to himself and to other men as miscarriages of a natural process rather than as a part of the natural process itself (18). Such destructive impulses make for an unflattering view of man and will be considered, in some quarters, as a pessimistic outlook. The evidence for them is ample if we choose to observe the available facts and develop our psychological theory, as Freud did eventually, from these facts. With the theory of the death instinct in mind, much of the theory of masochism still requires re-evaluation and much of our theory of somatic equivalents of psychic states might take on new meaning as expressions of such a drive.

Returning now to the question of the means of correlating our modern concept of the ego and of instincts, there is one further major problem to meet. That is the thesis that the ego is subservient to secondary process and to the reality principle and hence cannot be endowed with primary instinctual energy. This need present no great obstacle to its integration into the theory of instincts. According to the old theory, the id, from which the ego is held to have arisen *in toto*, is governed by primary process and the pleasure principle. This formulation implies, however, that the impact of reality on the id is such as to make for certain alterations in its cortical area and thus to create an ego. Thus in effect, there was always implied in the id the potential for secondary process and for subservience to the reality principle, and this has always been a part of psycho-analytic instinct theory. To propose a primary ego potential of energy, as seems implied in the concept of the autonomous ego, is only to formalize this concept.

If we are to assume an *Anlage* of the ego in the undifferentiated ego-id, we must assume it to be endowed with drive energy. The fact that the development of the ego is also dependent on the libido and on libidinal investments in objects does not alter our first premise about primary sources of energy related to the ego. To presume that such sources of energy arise from Eros is to place them within the broad philosophical framework of Freud's later theory of instincts. There is much to say for this, since it sustains the dualistic concept of instincts with which psycho-analysis has associated itself. This association of ego energy with Eros is, however, not to be confused with the older concept of libido as referring to sexual energy in the narrow sense, but uses it in the sense in which Freud employed it in his later writings already quoted; namely, as the energic source related to Eros. In this frame of reference, then, ' non-instinctual energy ' related to the primitive energy of the ego would have its origins in Eros and would represent, in effect, libido—using the term in its widest sense. This alters our earlier position in that it assumes quanta of libido having a primal association with the ego aspects of the primitive ego-id, and that our old formula of investment of energy in the ego by the id alone is incorrect. This would not mediate against the thesis that later transfers of libidinal and aggressive energy from the id to the ego occur, but that these are not the only sources of ego-energic investment.

Such a theory would go far to clarify the present state of confusion in our concepts of ego psychology and the instinctual origins of the ego without substantially violating our theory of instincts or our current ideas on ego-genesis and development. Such activities as the need to eat or to sleep, things which would fall under Freud's old concept of 'ego interests' and which have their psychological as well as their biological representation, would find a more fitting place in this altered theoretical framework. Whatever their relationships to sexual and aggressive energies might be, they would represent primitive activities related to this now recreated ego-instinctual source falling under the aegis of the life instincts. This would help integrate the old dichotomy of oral activities as expressing the biopsychological need for food as well as the quite as necessary sexual-libidinal and aggressive aspects of oral activity.

This would reintroduce the concepts of sexual libido and ego libido both as variable aspects of Eros or the life instinct, and would assume a quantum of ego libido quite aside from the additional investments of the ego by sexual libido. Such ego libido would represent bound energy in the service of basic ego operations as we would consider the ego in its full synthesizing character.

In conclusion, I should wish to stress the primary relation of the synthesizing integrating properties of the ego to the primary ego-instinctual energy I have postulated. This is by no means to belittle the already established rôles of sexual libido and aggression in ego development. It seems clear that without their instinctual contributions to the ego the ego cannot develop, but I have attempted to establish on a firmer basis the substrate upon which they impinge. In the functioning individual we witness an ego whose energies derive from all the above-mentioned sources in variable degrees.

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THE EGO ASPECT OF TRANSFERENCE

By

MAX M. STERN, M.D., New York

This study intends to present the ego aspect of transference by stressing its function in the service of mastery of infantile traumata.[1] Using a biopsychological approach, as in my previous studies, it aims at tracing—though in a very simplified and telescopically condensed manner—its genetic development throughout the various phases of childhood and growth.

Transfer and Transference

To transfer means to convey from one person or place to another (Webster). In perception, for example, past experiences are transferred to actual sensory data on the basis of similarities.

The biological matrix of transference seems to be the conditioned response, which is considered by recent authors (25) to be the result of a traumatic situation. In the conditioned response (sometimes called anticipatory or symbolic behaviour) the reaction to a previous experience—in a situation of stress—is transferred to a perception symbolizing it. Conditioned behaviour seems to be a basic quality of organismic life in the service of self-preservation. In the mammals it is not restricted to cortical and thalamic levels, but seems to be a general property of the central nervous tissue (28).

New situations are always experienced in terms of previous experiences. Normally, however, this initial transfer from the past is superseded by a more precise and objective evaluation of the present; equation is followed by comparison and correction. The conditioned response, for example, finally becomes extinguished. No such correction seems to take place in the transference phenomena which we know from psycho-analytic psychology; here the individual's responses remain fixated to past situations. Transference can be defined as a fixation to a previous situation displaced on to a substitute object which symbolizes the previous experience. We recall Freud's formulation that the patient repeats previous responses because he sees in his analyst the return of a figure out of his childhood (13). The strength of this fixation, which Ferenczi called transference addiction, appears the most striking factor in transference.

To what is the patient fixated in transference and what are the dynamics of this fixation? Is everything repeated in transference that the patient had ever learned or forgotten, as Glover (15) thinks? Or are only traumatic situations repeated, as Silverberg (34) states, denying the existence of fixation to erotic infantile wishes, which we usually call positive transference? Freud referred the repetition in transference to repressed fragments of the Oedipus complex and the traumatic events which accompanied its passing. The repetition of infantile libidinal impulses in transference is so apparent that originally the term transference was used to connote libidinal attachment. It is understandable, therefore, that most authors follow Anna Freud (6) in her definition of transference as a fixation to infantile libidinal impulses and defences against them.

As to the dynamics, Freud explained transference as the manifestation of the repetition compulsion, that is of ' the tendency innate in living organic matter impelling it towards the reinstatement of an earlier condition ', which is called a general characteristic of the instinctive (9). In discussing the repetition compulsion, Freud gave considerable weight to its connexion with trauma. The repetition has to bind the excessive amounts of excitation that broke through in the trauma; it strives for reparative mastery of trauma. Ultimately the repetition compulsion is conceived of as an attempt to overcome the primal trauma—namely the perturbation intrinsic to the irruption of life—by restoring the previous primordial, inanimate unity; it is an attempt at restitution of the pre-traumatic situation.

It is well known that psycho-analysis started with the definition of neurosis as a fixation to trauma. In its evolution, the interest shifted from accidental traumata from outside to typical developmentally determined processes. Many recent investigations, however, indicate a reawakening of analytic interest in trauma (especially Greenacre, Ribble, Mahler, Escalona, Fraiberg, Garma, Stern and others). It is not always remembered that up to the time of his last publications Freud himself maintained the trauma theory to its full extent in the definition of basic psychological phenomena. As late as 1939, he traced *transference*, as well as *defence* and *neurosis*, back to actually experienced *traumata*: ' The impressions we experienced at an early age and forgot later, to which I have ascribed such great importance for the aetiology of the neuroses, are called traumata. . . . The effects of the trauma are twofold, positive and negative. The former are endeavours to revive the trauma, to remember the forgotten experience, or, better still, to make it real—to live through once more a repetition of it. . . . These endeavours are summed up in the terms ' fixation to the trauma ' and ' repetition compulsion '. . . . The negative reactions pursue the opposite aim; here nothing is to be remembered or repeated of the forgotten traumata. They may be grouped together as *defensive reactions*. . . . The symptoms of the neurosis proper constitute a compromise to which both the positive and negative effects of the trauma contribute ' (8).

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[1] Considerations of space preclude a review of the important contributions made by Ferenczi, Anna Freud, Fenichel, Nunberg, Sterba, Silverberg, Macalpine, Lagache, Lorand, Greenacre, Fraiberg, Kut, Meerloo, and many others. A survey of the literature may be found in Orr, 1954.

Definition of Trauma

The main difficulty of the trauma theory seems to be the vagueness in the application of the term ' trauma ' to mental processes. In general we call trauma any occurrence resulting in a more or less lasting damage to the ability for self-preservation. In several papers I have tried to clarify the psychological terms ' trauma ' and ' defence ' by correlating analytic concepts with recent findings in physiology. I paralleled Freud's definition of trauma as a breakthrough of the stimulus barrier, that is, as a result of overstimulation, with Selye's (33) theory of the general adaptation syndrome, in which the life process is seen in terms of trauma and trauma defence. According to Selye, any situation of stress leads to disorganization, namely a transitory failure of vital functions (physiological shock); it is immediately counteracted in internal regulative processes of endocrine and nervous character which restore the homeostatic balance (countershock). Therefore I defined *primary trauma* as *a physiological condition characterized by a failure of internal homeostatic regulation in a situation of stress.* Its prototype would be the well-known physiological shock reaction which can be elicited by psychic as well as by organic overstimulation. The relation between physiological and psychic phenomena would be expressed in a simplified way by a biopsychological rule, according to which mental phenomena could be conceived of as a sum of reverberating anticipatory processes, containing repetitions of previous situations including their physiological corollaries. The stronger the needs which elicit the anticipatory processes, the stronger the somatic responses. Psychic trauma would then be any experience which elicits anticipatory repetition of previous primary traumata. Any threat of such repetition automatically triggers off external autoplastic responses which through their physiological effect offset the homeostatic failure. These responses I have termed *primary defences*. They are mobilized by an increase of tension which signals trauma, that is, failure of homeostasis. Essential among the primary defences are hyperkinesis (the basis for aggression) and, even more important for our purpose, perceptory defences, such as hallucination (the basis for fantasy activity), either positive or negative (repression). The somatic effect of these primary defences is felt as relief from tension. For example, we know that the hallucination of drinking water results in a change of kidney secretion. The somatic relief provided by hallucination explains the gratification we derive from fantasy activity and symbolic thinking and acting, as it also occurs in transference. Primary defences seem to be the precursors of psychic defences.

Psychic trauma would be the experience of extensive failure of defences which elicits the feeling of failure and utter helplessness. Through perpetuation in recall and anticipation it may effect a lasting change in the psychic organization. In specific cases psychic trauma may deteriorate into primary trauma (shock). The attempts to ward off traumata—psychic and physiological—we would attribute to the function of mastery, the attempts to reverse the damaging effect of experienced traumata, in reality or in fantasy, to the function of reparative mastery. We may conceive of the human mental apparatus as a grandiose extension of the processes that safeguard homeostatic equilibrium and the survival of the individual (Stern, 1951).

NORMAL TRAUMATA

The definition of primary trauma and defence advanced above brings into correlation various psychological and physiological facts. Observations in children have demonstrated that physiological primary traumata actually occur in the development of any normal child. They are particularly observable in the post-natal period, i.e. the phase of traumatic vulnerability which extends well into the second year. What of them becomes manifest is often only the primary defences against them, such as hyperkinesis (affecto-motor-storm, 26) and hypersensitivity, symptoms which characterize a state of excitation. Deeper disturbances are manifested by increased (morbid) primary defensive reactions, such as states of agitation and catatonoid (or better cataleptoid) states, revealing the occurrence of morbid trauma.

These formulations correspond to Freud's view that ' an experience acquires its traumatic character only in consequence of a quantitative element—that is to say if the experience evokes unusual pathological reactions ' The morbid primary defences represent precisely those ' unusual reactions to the experiences and demands that apply to everyone ', which, according to him, characterize the life history of the neurotic (8). Neurosis would thus be the consequence not of normal traumata but of their morbidity.

TRAUMA AND TRANSFERENCE

The thesis I wish to present contends that the infantile traumata are instrumental in creating transference. On the one hand, they give rise to libidinal dependence which persists throughout the individual's life; on the other, they lead to a premature development of the mental apparatus, especially of symbolic thinking. Libidinal dependence necessitates transference to a substitute object in the case of separation from the object. Symbolic thinking provides the condition for the effectiveness of such transference.

I would like to elaborate this in greater detail. We understand that early traumatic deprivations may inaugurate an extensive development of tension reducing hallucinatory fantasy activity. Besides the gratification of such biological needs as hunger, thirst, etc., the infant in his hallucinatory fantasies anticipates above all the libidinal gratification previously supplied by the mother. We know that, especially at that age, trauma elicits sexual excitation, resulting in libidinization of body functions and zones (oral, anal, etc.) which are in the centre of the mother-child care. Through traumatic shock-like experiences the need for libidinal gratification becomes acute. It has been observed that somatic signs of a traumatic condition, together with the erection often produced by it in male babies, disappeared when the baby was stroked by the mother. At this phase, libidinal gratification extended by the mother—mothering—through its somatic effect, provides relief from threatening trauma. Mothering (social symbiosis, Mahler, 26) via hallucinatory recall, seems to reproduce in the child the homeostatic balance of prenatal, symbiotic existence. We know that the consequences of prolonged lack or loss of mothering are marasmus and hospitalism, chronic shock-like conditions in terms of Selye's concept (36). Elsewhere I have correlated the phases of the libidinal deprivation syndrome—states of agitation, cataleptoid reaction (infantile depression) and marasmus—with the specific defensive phases in Selye's general adaptation syndrome (Stern 1951). This parallelism has been confirmed by Spitz (37). Obviously, libidinal mothering, through its protective effect, imparts to infantile sexuality the function of defence against trauma. The fateful amalgamation of libidinal gratification and protection against trauma has here its starting-point. The insatiability of infantile libidinal wishes seems to derive from their defensive quality.

Growing maturation (reliability of homeostasis) makes possible tolerance of tension, so important for the child's ego development, and his formation of object relation. The diminishing urgency of immediate gratification of needs due to maturation permits of anticipatory gratification, which is further enhanced by traumatic occurrences. Both influence the development from the object as part of the ' milieu interne ' to the psychological object (Hoffer, 20) from the need-satisfying object to object constancy (Hartmann *et al.*, 19). Transfer from partial objects (breast) to whole objects (mother), oscillation between identification, introjection, and projection of the libidinized body image are instrumental in this process. The identification with the object—in itself the result of a traumatic loss of the object—seems to act as defence against the fluctuation of body feelings occurring in the primary trauma (18). The rôle of trauma in the formation of the ego and the object relation has been stressed by Hartmann *et al.* (19), Glover (16) and Hoffer (20). In the case of deprivation, auto-erotic activities fostered by traumatic libidinization replace the libidinal gratification by the mother. It is significant that this auto-erotic activity occurs regularly in greater frequency during the period of oral frustration (37). It seems that ego formation, object relation and transference are simultaneous processes developing under the impact of trauma in a circular way, the one reinforcing the other. The libidinized body with accentuated erogenous zones may become a kind of primary object (20), leading, via identification, to a cathexis of corresponding libidinous zones of the mother.

OBJECT FORMATION AND LIBIDINAL DEPENDENCE

The protection through libidinal gratification provided by the love object creates libidinal dependence which henceforth persists to a greater or lesser extent throughout life. ' The biological factor creates the need to be loved, which will accompany the child through the rest of its life ' (11). The term *libidinal dependence* refers to anticipation of the protection through libidinal gratification by the love object; it engenders the protective as well as the pleasure aspect of the mother-child relationship. One of my patients, feeling the need to urinate during the session, remembered having been held by his mother while urinating, and commented : ' Urinating while being held by the mother—that is the ultimate protection. It is like a woman being carried over the threshold.' Another patient says, ' To be loved is bread and butter; it is money in the bank.'

Libidinal dependence replaces the hallucinatory need-gratification of the very first period; it balances the threat of trauma ever present in the child's first period. Libidinal dependence may have different aspects corresponding to specific developmental phases, i.e. to the specific instinctual wishes constituting the libidinal mother-child relationship, as well as to the specific modes of ego function which prevail in a specific phase. In the anal phase, e.g. libidinal dependence refers to the fact that the frightening anal pressure—which possibly revives previous traumatic situations—and its relief through defecation as well as the sexualized anal sensation are experienced (through projection and introjection) as deriving from the mother. Interference through toilet training consequently causes specific anxiety (anal anxiety), eliciting specific anal-sadistic defences. Libidinal dependence at that phase is ambivalent by nature; both the threat of traumatic states and the protection against them are experienced as originating in the mother. A patient reports : ' I have violent associations to my mother's breast; a strong hate against you and mother. *I clutch at my mother's feet, holding on for dear life; without her I could not function.*'

I believe that the protective aspects of the mother-child relation which the term ' libidinal dependence ' denotes, deserves to be given greater stress in our theory. We know that the most intense fears are most often derived not from real, external dangers, but from those which originate from the threat of loss of love. Soldiers in battle prefer death to exposing themselves to loss of love. There are relations to the concept of clinging (Bak) and social symbiosis (Mahler, 26). Mahler has described regression to the symbiotic mother-child relation in symbiotic infantile psychosis, the disturbance of which through the maturation processes creates panicky reactions (27).

DEPENDENCE AND TRANSFERENCE

Frustration of dependence needs, i.e. separation from the object, as we have seen, means trauma. Transference is a necessary concomitant of infantile dependence. Using the relief effect of the innate mechanism of the conditioned anticipatory response, libidinal dependence is, in the case of frustration, transferred to a substitute object symbolizing the dependence object. After an interval of ' extreme distress, attachment is transferred to a substitute object ' (7). Transference originates in trauma; through providing temporary relief from tension, it serves the purpose of self-preservation. Together with innate preformed responses, transference is instrumental in the formation of extra-maternal object relations with living as well as inanimate objects. A general and rather diffuse transferability will be replaced by more specific transference relations when, through maturation of the ego, the child gradually develops the ability to retain libidinal cathexis to specific love objects. Excessive frustration, however, may result in a regression to indiscriminate transferability, reflecting a regression to early phases of object formation. This is borne out by the behaviour of psychopathic children and psychotics who show extreme transferability, as well as clinging. Transference phenomena in different developmental phases deserve closer investigation. They correspond to the specific return of the libidinal dependence at that phase.

The foregoing considerations permit us to offer a tentative definition of *the fixation in transference as a fixation to the protective anxiety-reducing effect of libidinal dependence in situations of stress*. The fateful amalgamation in libidinal dependence of libidinal gratification and defence against trauma, as already mentioned, points to a dual aspect of transference. The expectations of libidinal gratification would explain the affective nature of the transference relationship.

However, the question remains : Why does such fixation to traumata persist after the danger is past, i.e. when the traumatic conditions of the early infantile period no longer prevail? Furthermore, this definition would not explain the preponderance of oedipal material in transference of the adults. And finally, is the nature of transference in the adult different from infantile transference.?

OEDIPAL TRAUMA AND TRANSFERENCE

We have the impression that the experience which causes the fixation in transference to become permanent, and which later gives the transference of the adult its specific character, is the traumata of a later period, especially those represented by the infantile sleep disturbances centring around pavor nocturnus.

In the period of growing anticipation, ego-formation and object relation, there appear, together with manifestations of anxiety and increasing auto-erotic activity, a number of typical and ubiquitous traumatic responses. We mention fits, temper tantrums, and breath-holding spells, reaching a point of panic, catastrophic reactions (Goldstein) which result from overstimulation mostly due to uncontrollable rage. These reactions, which are common occurrences in otherwise normal babies, have been somewhat neglected in psycho-analytic literature (17).

But far more important is the traumatic impact which must be ascribed to anxiety attacks during sleep, nightmares and night terrors, all of which I would group under the heading of pavor nocturnus. Pediatricians and those who do research in child development have come to regard the disturbances at night which range in intensity from a brief waking to profound disturbances as typical for the developmental stage (5, 35). Gesell in his *Behaviour Profiles*, based on large-scale studies of infants and small children at the Yale Clinic, includes night-walking and sleep-disturbances as one of the developmental features of the period from 15 to 30 months. He states : ' Many of these disturbances are progressive and within a few months achieve the proportion of a major illness which dominates the young child's entire mental life ' (14).

Elsewhere I have defined pavor nocturnus as an anxiety dream in which there is progressive paralysis in face of a threatening danger. Somatically it corresponds to a cataleptoid (catatonoid) state with transitory paralysis of vital functions, especially of motility. In the fully developed attack the paralysis may culminate in the inability to awaken. Pathognomic for the fully developed pavor nocturnus is the final awakening with a cry. The observable objective symptoms vary from slight defensive movements in sleep, groaning, awakening with fear, to the most extreme expression of fright and terror, with screaming, confusion, and hallucination. The pavor nocturnus attacks are often overlooked by the parents. Often the children lie awake in anxiety for many hours but do not dare to disturb their parents' sleep (35, 40).

Pavor nocturnus must be regarded as a failure of the wish-fulfilment of the dream. We assume that in the infant, as a consequence of his relative somatic vulnerability, the fantasy activity in the dream leads to somatic overstimulation. Any overstimulation during the day may find discharge in various ways : fits of aggression, games, defensive manoeuvres, and other ways. However, the conditions prevailing in sleep, viz., the elimination of motility discharge, the change of autonomous excitability, and the short-circuit between fantasy activity and autoplastic body function (cf. wet dreams, enuresis), result in overstimulation creating traumatic anxiety attacks. They correspond precisely to Freud's definition of trauma as a failure of the inner stimulus barrier; they demonstrate how ' instinctual demands may operate as traumata from within ' (13). It is interesting that Ferenczi's description (4) of the infantile trauma—gained from his clinical experiences—parallels precisely the cataleptoid state, which I have described the pavor nocturnus to be.

The somatic paralysis is the most striking symptom of pavor nocturnus. It means failure of defence in a situation of mortal danger, and is psychologically experienced as utter helplessness. The somatic paralysis of circulation, respiration, etc., is felt in the dream as vanishing, dying, choking, being chased, eaten up, destroyed by earthquakes, fire, etc., as being helplessly overwhelmed by all kinds of deadly dangers. Often the sensations are externalized and experienced as emanating from threatening anxiety figures (ghosts, giants, witches, burglars), menacing animals (bulls, horses), which most often symbolize parental figures.

The concept that ascribes far-reaching traumatic impact to experiences during the sleeping state seems at first startling, since it attributes as great a traumatic impact to the child's nightly dream life as to the wealth of frustrations and conflicts which govern his waking life and whose indelible marks endure in his character formation and symptoms. Yet, many reasons compel us to this assumption. (i) For the child, at least until the age of five, there is but small distinction between external reality and the dream world; the latter with its fairies, ghosts, giants, monsters, etc., is real to him, exciting as well as menacing. (ii) Through their connexion with primary physiological trauma, the dream fantasies acquire an uncanny quality which enhances the perturbing differences between these nocturnal events and daytime life. (iii) There are scarcely any daytime experiences so fraught with fear and terror as is pavor nocturnus. Often, clinging in despair to the mother, the child cannot be calmed for hours; sometimes he will linger in a state of confusion with hallucinations for days afterwards; the visible after-effects—insomnia, phobia—may continue for months or even for years. (iv) Through repression they achieve a lasting effect throughout life.

The far-reaching influence of the early infantile pavor nocturnus attack on the genesis of neurosis has been shown elsewhere (40); it is especially conspicuous in the clinical material presented by child analysts (see *The Psychoanalytic Study of the Child*).

The objection has often been raised that pavor nocturnus is not itself a trauma, but merely the reflection of traumatic experiences sustained in the waking state. This argument loses its pertinence with the recognition that *above and beyond what happened on the preceding day, the pavor nocturnus constitutes an autonomous trauma* for the child. The daily experiential factors, such as frustration, rejection, aggression, anxieties, traumata by no means lose their central importance; but they gain their specific uncanny quality through their revival in anxiety dreams. The repression they engender through their connexion with trauma renders them inaccessible to integration; by the same token, they become effective throughout life. They reappear in the child's play, in neurotic symptoms, and in transference. Although the literature on infantile neurosis reveals a wealth of material substantiating the effects of infantile pavor nocturnus, there exists a tendency to minimize their impact, probably due to a retrograde projection of the adult's ability to cope with these nocturnal incidents. In his book ten years ago, Fenichel devoted only five lines to pavor nocturnus. Often even the ubiquity of pavor nocturnus is denied. In contrast to that denial, the findings of many child analysts and pediatricians confirm that night terrors are common occurrences in childhood. Jersild, Markey and Jersild (22) conducted a systematic study of the dreams of 400 children : 90 per cent had bad dreams, i.e. dreams of being chased, kidnapped, falling, suffering physical injuries from fire, etc. Louise Despert (2) investigated 190 dreams collected from a group of 43 children, two to five years of age. The dreams were predominantly anxiety dreams. ' The very young child most frequently dreams of being bitten, devoured and chased. What he experiences is an intense fear of being destroyed in a very specific way. He never reports, for instance, being hit, kicked or scratched, all hostile manifestations which the child might have experienced personally. ' Two-year-olds who, when questioned about their dreams, stated : " chase me " . . . " bite me " . . . " eat me up ". What they report is a frightful experience occurring during their sleep. . . . Similar statements were reported to have been made at night when they had awakened in terror.' She concludes that the earliest dreams of children represent a threat to the psychobiological unity of the individual.

As to the aetiology of pavor nocturnus, some observers have found causative factors in recent traumatic experiences, such as injuries, operations; others in anxieties arising from the anal conflicts. Some stress the rôle of aggression. The views of Freud and Jones who regard sexual excitation as the main cause have been confirmed over and over again through clinical observation and analysis of pavor nocturnus dreams; it is reflected in old myths and legends (Incubus, Lilith, etc., 23).

How can we explain the connexion between infantile sexual excitation and pavor nocturnus? In previous papers I have advanced the idea that the irrational anxiety attached to sexuality originates not only in external vicissitudes, but in concurrence with the latter in the specific biological constellation of early childhood; namely, in the discrepancy between the immaturity of the somatic sexual apparatus and the premature psychosexual development, a result of the early infantile traumatic climate with its excessive libidinization. Sexual arousal which is not matched by the ability for adequate orgastic discharge, reproduces the economic constellation of the post-natal traumata; it results in traumatic conditions, that is, in pavor nocturnus attacks. Freud states that ' the early contact with the demands of sexuality has the same effect upon the ego as the premature contact with the environment ' (9). On the basis of child observation, we may date this early contact with sexuality to the beginning of the second year, i.e. the phase of relative physiological immaturity and shock sensitivity.

I would like to stress that I do not intend to give a résumé of the complicated vicissitudes of the child's sexual development which, stretching over a number of years, in its details, still seems to be obscure. I intend to elucidate one aspect essential for the dynamics of transference, and that is the interaction between trauma and maturation. We know that there is an extensive overlapping and co-existence of the different developmental phases. Traumata in the pregenital period may result in premature or overextensive genitalization (17). Traumata in the phallic phase during which manifestations of preceding periods continue with passive as well as active direction, may reinforce still existing pregenital strivings, or may lead to full regression to pregenital organization involving ego development and object relationship. We have to consider the effects of the constant interaction between the child's daytime and nocturnal experiences, traumatogenic as well as traumatolytic. In another paper I have hinted at the possibility of an alternation between progressive and regressive phases due to traumatic interferences. All this occurs against the background of progressing maturation, during which the more passive pre-oedipal trends are abandoned and the dual pre-oedipal mother-child symbiosis is gradually replaced by the more active strivings of the triangular oedipal situation. It seems to me that analytic treatment mirrors this alternation between daytime experience and dream, progression and regression, while the patient slowly progresses to maturation.

There seem to be two critical stages of pavor nocturnus : one at the beginning of the phallic phase, the other at the height of the oedipal conflict, the latter leading to a new peak of nocturnal anxiety attacks which signifies the decline of the oedipal phase.

We ascribe the passing of the oedipal complex to castration threats and primal scene trauma which Freud calls ' the central experience of the child ' (8). Now, neither experience elicits immediate overt signs of a traumatic condition, which we expect to accompany ' the breakthrough of the stimulus barrier.' This may explain why some analysts reject altogether the traumatic character of the oedipal experiences. However, these experiences seem to acquire their traumatic effect to a great extent through their connexion with the nocturnal disturbances. As clinical material shows, reminiscences of the primal scene are always accompanied by the signs of primary trauma described in earlier publications. Therefore, we assume the primal scene trauma to be rather a pavor nocturnus elaborating the primal scene than the experience itself. In an analogous way, the castration anxiety which exists in both sexes seems to originate less in daytime experiences which we usually consider causative (such as the view of female genitals, castration threats, etc.), than in their nocturnal elaboration in which the vanishing of the body is displaced on to the stimulated genitals. This is illustrated by Freud's interpretation of the wolf-man dream which at the same time demonstrates the relation between pavor nocturnus and infantile neurosis (10).

> The neurosis of the wolf-man started with a pavor nocturnus at his fourth birthday. He awoke from an anxiety dream with a cry. Freud writes: ' The patient related the dream at a very early stage of the analysis and very soon came to share my conviction that the causes of his infantile neurosis lay concealed behind it.'
>
> In the dream, the strength of his sexual wishes revived the long-forgotten traces in his memory of the scene which was able to show him what sexual satisfaction from his father was like, namely castration ; and the result was terror. According to Freud, this dream gave the development of this child its decisive turn. It caused the failure to reach the genital level.
>
> The dream at the age of 4 was, according to Freud, an elaboration of the observation of intercourse at the age of 1½ years. However, we may speculate that the experience at 1½, which was repeated at 4, was rather a pavor nocturnus elaborating the witnessing of intercourse than this experience itself.

As to the influence of pavor nocturnus on infantile neurosis, there seems to be a relationship between specific forms of pavor nocturnus and specific mental disturbances (35).

I would repeat that these formulations do not reduce the importance of all the factors considered influential in the child's development. The nocturnal trauma is one additional factor, albeit an important one. The daytime experiences in turn influence the traumatic climate, either weakening or fortifying the irrational inner threat. The stronger and more reliable the positive object relations, the better is the child able to integrate the traumata. However, this capacity is limited by the oedipal frustration, which consists not only in the inevitable external rejection, but in the increasing interference of sexual excitation with internal traumata. Through pavor nocturnus the libidinal dependence of the oedipal period acquires its conflicting triple aspect of gratification, threat, and protection.

The traumatic failure of the oedipal dependence initiates the period of latency which is characterized by the internalization of trauma and defence, by repression and attempts at reparative mastery. The prohibiting superego falls heir to the oedipal dependence, reflecting its gratifying, threatening, and protective aspects. The transference manifestations of the latency period are seen in the growing involvement with social institutions, such as school, groups, etc., preparing a gradual breaking away from the parents as the sole objects of dependence (Bernfeld, Buxbaum, Redl, Zulliger, *et al.*; see 1).

PUBERTY AND DEPENDENCE

Dependence is the biological signum of childhood. By reaching the phase of final genital organization, puberty is supposed to end the period of infantile dependence and consequently the need for transference. However, the upsurge of libido at puberty, disrupting the fragile balance of the latency period, not only reactivates the traumatic threat of the oedipal period, but represents an actual traumatic threat in itself. It seems premature as the libidinal thrust leading to the oedipal conflict. Whether justified or not, the general consensus is that uninhibited sexual activity at puberty—intercourse as well as child-bearing—is physically and morally damaging. The pubertal situation, therefore, on its own merits, repeats the traumatic constellation of the oedipal phase, albeit in an attenuated way; on the other hand, the newly acquired capacity for adequate orgastic discharge, together with the relative social sanction of sexual relationship and the rapidly growing capacity for mastery of reality, induces anticipation of the individual's independence and maturity. The outcome of this conflict depends upon quantitative factors. Normally the revived traumata become integrated in terms of adaptation to the changed reality situation (learning); partly they undergo renewed repression. In the neurotic, owing to the morbidity of the revived trauma, both integration and new repression prove deficient. We remember Freud's definition of neurosis as a conflict between repression of the trauma and attempts at its belated mastery, which, in fantasies or acted out, aim at a restitution of the pre-traumatic situation or at an active repetition of the trauma. Because of repression, these attempts are transferred to substitute objects.

The following examples illustrate the attempts at reparative repetition of the oedipal trauma in transference :

i. A patient who suffered from sleep-walking used to interrupt his associations every ten minutes by a stereotyped 'I have to urinate'. His over-possessive and seductive mother had changed his napkins 'every ten minutes' (she does the same with her grandson now). In his sleep-walking—as his wife reported—after having tossed, groaning moaning in his sleep, the patient used to jump out of bed in a panic and run into the kitchen for milk and cake. In previous years he first ran into the bathroom and urinated. 'I have to urinate' meant among other determinations the transference on to the analyst of an unconscious wish to be held and fondled at the penis by the threatening, overpowering mother, the gratification of which, however, meant trauma and castration (pavor nocturnus). At the same time it was an attempt to escape from the danger. The wish aimed at a repetition of the trauma and at a defence against it. Once he said, 'When you opened the door of the waiting room, I felt you are the devil looking down at me. There is nobody in the wide world of whom I am more afraid than of my mother. She is a monster. I feel beaten by you; you reject me; *in terms of the demands I make, I must be rejected*. I want to be loved like a little boy. I am afraid of you as a monster—the monster at night being pushed out of bed—just being a lump of flesh in a basket—you hovering over me like a bogey-man. I am afraid of you. *I make the analytical sessions into nightmares.*'

ii. A female patient associates: 'You and my father are like shadows. When you would look at me, I would feel as if I were being *paralysed*. There is something about your eyes which gives me a defenceless feeling like with my father and looking into your eyes is being overpowered. *But I have to look at you and at father as I looked at the giants in the closet*. As a child I had *bad dreams* about giants. I remember having tried to get out of the crib because of bad dreams. I saw giants with big clubs. I could not sleep. *I used to keep my eyes on the closet so that the giants could not get out.* I had fantasies of monkeys' paws, of men flying through the air, like in my nightmares. *I feel that you belong to the men who fly through the air.'* (Scoptophilia as defence against trauma.)

The pleas of Freud's patient not to be eaten up, expressed in looking at the pendulum-clock, belong in the same category.

iii. Another patient, associating to his impulses to suck the analyst's penis, stated: 'I feel it difficult to breathe now. I feel rotten. I am afraid to be like mother. I think of my mother sucking at father's penis, biting it, like a cigar (primal scene). My wish to suck your penis is like mother's biting. I think of my fears at night; that a drunkard would come from the bar downstairs into my room (pavor nocturnus). I have a fantasy that my mother is inside me, choking me; like ants, crawling inside my intestines; as if you would crawl inside of me. Your interpretations are crawling into my brain like a spoon taking my brain piece by piece. I have thought of it a couple of times: *analysis is your crawling inside of me. Not being able to breathe is the feeling of having my mother in my chest, having a growing tumour in my chest.'* The analytical situation became a repetition of the primal scene trauma (i.e. a pavor nocturnus, in which the patient identified with his mother).

DEFINITION OF TRANSFERENCE

We therefore like to define transference as a displaced attempt at reparative mastery of normally occurring infantile traumata, i.e. of the traumatic failure of the oedipal dependence and that of earlier dependence needs revived by it. Because of the function of libidinal gratification as defence against trauma, this reparative mastery is conceived as gratification of unfulfilled libidinal wishes. Transference is a structured, complex pattern which must be understood in terms of specific phases of libidinal dependence. It is ambivalent by nature. We have to differentiate between the latent transference pattern (transference readiness: Nunberg) and the specific partial aspect of actual manifest transference elicited by a specific situation. Transference provides for the discharge of tensions stemming from unresolved traumata, i.e. of tensions attached to situations which, because of their traumatic character, have become subject to repression. Undoubtedly there exists also fixation to pleasurable experiences (pleasure principle) which presses for repetition. But the demonic compulsion to repeat, with the disregard for reality which is characteristic of transference, can be explained only by the imperative need for self-preservation. The infantile drives receive their insatiable quality—and in neurotics their pathogenic strength—through their function as defence against trauma.

That in transference libidinal gratification is sought because of its protective function is illustrated by the statement of a homosexual patient: 'Getting help from you is like sucking your penis; sucking is pleading for help, reaching out; desperate craving for help. Words do not help. I want something else than words, magic help.'

The dual aspect of transference mirrors the dual motivation of human behaviour; the striving for pleasure and the warding off of trauma in order to survive, a differentiation at which Freud (9) pointed.

There is a similarity between the definition of transference and that of neurosis. Actually, transference is one of the general aspects of neurotic behaviour (Ferenczi). Freud spoke of neurosis in terms of transference neurosis. Therefore it is not limited to the analytic situation. It is activated by any appropriate external or internal stimuli symbolizing the original traumatic situation. Any libidinal stimulation will stir up wishes for protection; any dependence, wishes for libidinal gratification. Yet reality-syntonic and transference attitudes exist side by side, revealing a split of ego. For example, the neurotic reacts to a physician or judge in terms of his real functions and at the same time as if he were the father.

The strength and the character of transference are determined by the quality of the underlying traumata. The more morbid the underlying anxiety, the more imperatively does the need for reparative mastery prevail over the urge to master the present reality, the more is the reality-syntonic attitude overruled by transference. In his personal relationship, the psychotic seems to react predominantly via transference. His withdrawal too is transference, namely a repetition of his defences against extreme infantile vulnerability.

NORMAL TRANSFERENCE

It must be admitted that transference also influences to a certain extent the behaviour of the so-called normal person. Actually, his transference behaviour differs from that of the neurotic only in degree. This normal transference originates not only in the early infantile traumata, but also in the fact that owing to the incompatibility of orgasm and controlling ego function, sexual gratification carries a somewhat traumatic meaning even to the normal adult (orgasm: *la petite mort*). Cultural taboos reinforce this effect. Hence, oedipal dependence persists even in the normal person. His transference need is used up in the group formations of society and its institutions: family, state, church, political parties, etc. It is symbolized in such expressions as 'Fatherland', 'Mother Church', 'God the Father', 'Brotherhood', etc. In this case the unrealistic quality of transference is offset by its usefulness in human relations and by the realistic protection which society and its institutions afford. This transference is complemented by its counterpart, the parental attitude, in which—while giving—the provider identifies with the receiving child. It is a fascinating question whether human society could exist at all without some of the illusion transference provides. Yet human relationship is not based on transference alone. It includes autonomous responses to specific signs, which could be classified as 'autonomous behaviour'. That the analyst's attitude is a break with a fundamental requisite of social relationship creates a number of problems.

Clinical Transference

The analytic situation does not create transference as such, but it is especially designed to foster and uncover it. Clinical transference, as we may call the transference in the clinical situation, is a response to the specific stimuli of the treatment situation. The patient enters the transference the very moment he enters the office. The tacit promises of cure which the treatment situation implies, and which the patient unconsciously conceives as fulfilment of all unresolved, unsatisfied wishes, together with the concomitants of the analytic situation (recumbent position, etc.), makes overt specific parts of the transference pattern. The inevitable frustration of the patient's expectation, together with the upsurge of traumatic reminiscences in analysis, remobilize the infantile conflicts and create the so-called transference neurosis. In the latter, the manifest aspects of the transference complex are replaced by the unfolding of the latent transference manifestations relating to earlier phases of libidinal dependence.

Positive and negative transference, however, do not refer to a specific part of the transference pattern; rather, they seem to be technical terms, referring to the emotional colouring of the actual relationship between patient and doctor. They include transferred emotions, as well as emotional responses to transference phenomena. Positive transference may accompany the expectation of wish-fulfilment and protection; negative transference the revival of earlier deprivation and traumata. However, the positive transference deriving from submissive denial of hostility is wholly different from that accompanying passionate libidinal wishes.

Problems and Technique

The theory here presented implies to some degree a shift of emphasis in the concept of transference and defence. The prevailing concept of transference as a repetition of oedipal instincts is replaced by a more holistic one which, stressing the libidinal as well as the protective aspects, describes transference in terms of the specific phases of libidinal dependence. This may bring into sharper focus the goal of our therapeutic efforts. We may distinguish two different techniques with regard to transference: the one, which provides gratification of the transferred dependence wishes, carries a magic undoing of oedipal trauma; it may permit some awareness of irrational attitudes and may be used for encouragement to new corrective experiences, which are assumed to lead to a reconditioning. The analytical technique aims at maturation of the infantile components of the patient's personality through dissolution of transference. This can be achieved only through the integration of infantile traumata. Repressed infantile drives gain access to the conscious only in the degree in which the repressed traumata connected with it are integrated, i.e. have been made obsolete by a new living through. That the goal of the analytical therapy has always been the integration of infantile trauma is demonstrated in our case histories, beginning with that of the wolf-man, when Freud states that the repetition of the primal scene became the condition for his recovery (10), up to a recent publication (21) which reports that 'the tide turned at last' when 'the primal scene could be worked through in transference'. We know that here is the basic difficulty: the primary trauma seems to be the 'bedrock' which we meet in our efforts. 'The earliest experiences of childhood are no longer obtainable as such, they are replaced in analysis by "transference" and "dreams"' (10). What we meet in the clinical material are the derivatives of the traumata in symptoms, screen memories, dreams, and fantasies. Their traumatic relevance can be ascertained through the specific signs of primary trauma which I have described in another paper (Stern, 1951). The analytical treatment is a revival in transference of the child's incessant attempts at overcoming the infantile trauma. This is especially obvious in child analysis. In the analysis of the adult we succeed in a piecemeal integration of the infantile traumata through interpretation of the 'surface', which presents the whole gamut of defences against their induced repetition. Thus we achieve a maturation of the libidinal organization. Progress in therapy is determined by the ability of the ego to cope with the re-emerging traumatic threats (mobilization of anxiety). This ability varies widely with the differences in structure of the neuroses, morbidity of the underlying trauma, ego strength, actual life situation, etc.

The hypothesis presented may induce some variations in the usual technique. Dramatic short cuts—such as Ferenczi attempted through letting the patient relive the trauma in a state of trance—cannot be expected. Maturation is bound to a time factor which cannot be eliminated.

SUMMARY

Transference is an attempt at reparative mastery of the traumatic failure of the infantile dependence displaced to substitute objects. The fixation in transference can be defined as fixation to the anxiety-reducing effect of libidinal dependence; the latter refers to the protective function of libidinal gratification in the early infantile relations. The amalgamation in libidinal dependence of gratification and defence against trauma points to a dual aspect of transference.

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SOME NOTES ON A DYING PATIENT

By

BERYL SANDFORD, London

A few years ago I wrote a paper about an obsessional man who needed to be ' kept ' (5). The paper dealt with certain aspects of the first four years of his analysis, leading up to his first tentative attempts to earn his living—the only attempts (except for some months during the war) for sixteen years. This paper is the sequel.

Fairly early on in his analysis I formed the opinion that this man's development would inevitably follow one of two lines: he would either become a business magnate, and probably local mayor, or he would end in a mental hospital. He did end in a hospital, though not a mental hospital. After achieving his heart's desire as the highly successful owner-manager of a hardware store for nearly a year he developed cancer of the lung and died.

I am writing this paper because his death and the manner of it seem to me to raise a whole host of queries to which as yet we have no answer. It would, I think, be better if I tell my story first and put my queries afterwards, and I will therefore try to give a brief sketch of his case up to the time of the outbreak of his physical illness, stressing in particular the aspects which are pertinent to my theme. I will then describe in more detail the last few sessions which I had with him shortly before he died.

Mr. A. came to me for analysis in 1946 with a severe neurosis of such long standing that it seemed to have become part of his total personality. It was very doubtful whether analysis could do much for a chronic case of this type. To give all his symptoms would take up far too much time, and I have already described them in the first paper (' An Obsessional Man's Need to be Kept '). Suffice it to say that, when he first came to me, he was a very ill man mentally, suffering not only from every type of obsessional ritual—continuous handwashing, etc.—but also from delusions of a paranoid nature. When he started analysis, he was spending his time shut up in his bedroom, leaving it only to come to analysis. His wife had to accompany him to the clinic where I was treating him and, owing to his many agoraphobic obsessional fears, the journey (actually about three-quarters of an hour) took several hours to accomplish. Added to this he had delusions of having starved the world, and refused to read a newspaper or to listen to the wireless for fear of hearing himself publicly branded as the man who had destroyed humanity.

Mr. A. was aged 37 when he started treatment. He was the picture of health and was, in fact, being continually irritated by doctors slapping him on the back and telling him that if everyone was as fit as he was doctors would go out of business. This he found particularly annoying when he was applying for sickness benefit. He appeared to be as well physically as he was ill mentally. As I wrote in my last paper, ' Everything about him, both mental and physical, seemed to give the impression of being a little larger than life ', and he always talked—and indeed behaved—as though acting in Victorian melodrama.

He was the youngest of three children, the two elder being twins, brother and sister. His mother, who, before she married, was a children's nurse, resembled him very much in character and shared many of his symptoms; his father, who was a builder, suffered from tuberculosis and died of a coronary thrombosis when Mr. A. was 30.

Mr. A.'s education had been limited to a primary school where he made no mark at all, not because he lacked intelligence by any means, but because he was a severely disturbed child.

He had been married ten years when he started analysis, but was childless. At that time he and his wife, who had varicose ulcers, were living on sickness benefit, which in 1946 was very meagre indeed. It was therefore agreed that he should be treated for nothing until times were better, but, as I remarked in my previous

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[1] Paper read before the British Psycho-Analytical Society on 4 May, 1955.

paper, ‘ It soon became apparent that he was unconsciously using Machiavellian methods to make sure that times did *not* get better.’

Except for the period when she was suffering from varicose ulcers, his wife had always kept him, by going to out work as a secretary. She not only earned the money, but also fell in with all his obsessional needs. She washed things over and over again for him; she acquiesced in accumulating what he called ‘ pockets of resistance ’ in the house, that is to say, great heaps and cupboardfuls of so-called contaminated objects which must not be touched; she stood about with him in the street in all weathers when he dared not move for fear of killing people; she walked back and forth with him when he feared he had dropped ‘ dangerous deadly things ’ in the road; and she agreed to all the complicated rituals necessary before and after sexual intercourse.

During the first two years of his analysis he was intensely hostile most of the time; he flung insults at me, mocked me, shouted me down, and seemed to be doing his best to be as hateful as possible. He continually tried to control me omnipotently and seemed to need to surround himself with persecutors in order to prove that he could control them. The working through of his many oral, anal, and urethral phantasies of destroying his mother’s inside and all that was therein brought a considerable reduction in his obsessional symptoms and, as might be expected, a temporary increase in his paranoid anxieties. He also developed manic reactions which were for a time very disquieting.

In 1948 his sickness benefit was raised to 26/– per week, and he clung to it tenaciously since it represented the ‘ good breast ’ that must always be at his beck and call. If it was a day late, his anxiety was intense because he feared he had emptied the ‘ good breast ’ and was being punished. The Ministry of Pensions—in fact all officials in Government departments—were to him persecuting figures and at one time this fear became delusional and he really believed they were plotting against him.

At the end of three years there was considerable improvement in every way. He no longer needed to be continually washing his hands and he had reduced the number of rituals necessary before and after intercourse; he had cleared up some of the ‘ pockets of resistance ’ in his house and was able to get out and about with ease with his wife and to a limited extent by himself. One symptom, however, was never reduced in intensity, and that was that he could not allow his mother to come into his house for fear of contaminating her. When he started treatment no-one at all was allowed in the house, but by the end of the third year of analysis he did allow his brother and some friends to enter freely. But although he longed to invite his mother in, he found this utterly impossible. He visited her frequently and would meet her any time and anywhere except at his own home. The house was himself and the ‘ good mother ’ must be kept outside and away from the ‘ bad mother ’ whom he kept inside him in an attempt to control her and keep the external mother ideal. It is of interest that at one time during his boyhood, and even since, he had felt compelled to eat things which appeared to him to be dirty or damaged, leaving, as he put it, the ‘ good things outside ’. And his mother would punish him when he was naughty by herself refusing to eat anything until he was ‘ good again ’. There appears to have been much unconscious collusion between them, in the same way as there was between him and his wife.

At the end of four years of analysis he was still not earning any money, but he was now working very hard in a voluntary capacity, making a name for himself on the local town council, and proving himself to be a man of quite exceptional ability and an excellent public speaker. A recurring theme now began to reveal itself very plainly, a theme of the greatest importance and one which dominated his whole life. This theme or pattern is best described by saying it was like a line which rises steadily for a time and then drops down suddenly and is lost.

I will quote some examples of this. While working hard as organizer of a charity féte he remarked to me, ‘ I shall resign from the committee when the féte is successfully over—I shall just pack up and fade out ’. Later, when telling me about how he won a sports trophy when he was 13, he described how he had jumped the high jump and then collapsed on landing and had lain there unable to move, though there was nothing physically wrong with him. He also described how, after being cheered for winning the trophy, he ran to his mother and, to quote his own words, ‘ blotted himself out ’ and clung to her. Though he rarely dreamed, he did have two dreams both of which are on this theme. The first dream in 1947 was: ‘ I came up, up, up to the treatment room and then went down, down, down and sank in a sort of a faint at the bottom of the stairs.’ The second dream, a year later, was: ' I was climbing up a sand-dune, very high up, and then I sank down, down, down and was blotted out in some quicksands.' From his associations the first dream was linked with his oedipal anxieties and represented his fear of being castrated following an erection and orgasm, by a terrifying father-figure almost invariably imagined hidden inside his mother. The second dream—in which there is a play on my name—seemed to show not so much a castration as a union with a mother-figure, and this symbolic union with a mother-figure has had to be repeated over and over again all through his life. And inasmuch as he unconsciously imagined that his mother had incorporated his father, this represented a union with both parents.

A question which he had continually asked his mother since early childhood was, in his own words: ' When will I be hung? ' Being hanged meant to him ' the big drop into oblivion ', and gradually began to be understood not only as a fear but also as a wish—the wish to be blotted out in his mother. In a sense he may be said to have been going through a phase of ' blotting out ' when he first came to me for analysis; he was spending all his time shut in his room refusing to hear or see and, as far as possible, not moving, speaking, or eating.

It was not until he had had four years of analysis that he first made some tentative attempts to make money. He then started to earn small sums as an insurance agent, but still did not dare to pay me anything for his analysis since paying me meant forcing bad anal stuff into me. Later on, however, he took to bringing me fruit which he had grown himself in his own garden, and during the early summer of 1951 he brought me some every Friday—one week gooseberries, then red currants, then black currants, and then strawberries. I have never seen such perfect fruit. He must have spent hours picking, washing, and sorting it. There was never a bad one in the baskets, not even among the currants, and he brought me about 5 lb. at a time. Many phantasies of omnipotently and magically feeding his mother with ideal food, in a desperate attempt to repair the damage he always feared he had done to her, had to be worked through, and this era of fruit-giving, which was accompanied by much depression, ushered in a new phase. He began to think seriously about getting paid work and he set about trying to get a job in real earnest. He was obviously unfitted to work in a firm with strangers, because, although he had improved considerably, he would still be compelled to resort to many obsessional acts and to be over-conscientious and meticulous in a way which would be extremely trying for those with whom he worked.

His chance came when a shop nearly opposite his house became empty and to let. Here he could be sole owner of the shop with the help of his wife, who, as I have said, played so completely into his obsessional scheme of things. It took him many months to come to his final decision to embark on this venture and, at long last, to renounce his 26/– a week sickness benefit, the ' good breast ' which it seemed at one time he would never be able to give up. After months of obsessional haggling over the rent and arguing endlessly over repairs, alterations, and what not, he raised a mortgage on his house, borrowed some money from his brother, and took the premises. His idea was to run a hardware business with a good deal of stress on the selling of paraffin. He set to work with the most amazing efficiency, stocking his shop with every conceivable type of ironmongery.

He had now been in analysis for seven years coming five days a week, but if he was to run his shop successfully it was not going to be possible to continue coming five days a week, since his shop and his home were outside London. It was therefore decided that while getting his shop going, he would stop coming regularly but would come as often as he could on early closing day and later resume regular sessions when the business was established.

The shop was opened in March 1953 and the analysis remained in abeyance for a few weeks while Mr. A. was getting things organized. He phoned on one or two occasions to tell me how things were getting on—and to make sure that I was still alive—and then before I went away for my summer holiday he was able to come three times a week for a while. He now proudly paid ten shillings a session. He was happy in this work, which was what he had always wanted to do, and he was happy that his wife no longer had to go out to work to keep him. But he was over-working and sitting up half the night doing his accounts. Difficulty in getting to bed before two or three in the morning had always been a symptom, and one in which his wife participated. It was very overdetermined. On the one hand, he felt he must keep awake in order to control his parents. When young he would lie awake at night listening to make sure they were not dead.

On the other hand, we came to see that sleep meant to him being swallowed up by his mother and he was torn between his fear of being blotted out in her and losing his identity, and his wish for this complete fusion with her.

He soon had an assistant working in the shop with his wife. This was a woman friend of theirs. He was very fond of this woman, explaining to me that she was interested in psychology and that he could talk to her about his own difficulties and help her with hers. Having this friend in the shop with whom he could ‘ talk psychology ’ was amongst other things one of the ways in which he tried to cope with his feelings of deprivation over the reduced number of sessions.

By the autumn of 1953, the business was beginning to pay—and to pay well. He told me that he was running his shop on what he called ‘ the long-term policy of the slow build-up ’, adding, ‘ but you mustn't think the shop will flop. It won't’. Now that things were really getting under way, he foresaw that in the spring he would be able to resume regular analytic sessions, and this was the tacit agreement when I saw him on 23 December, 1953. He obviously still needed analytic help, but he seemed to be coping quite well, and I would like to stress emphatically that there were no unusual or disquieting features revealed in the sessions we had at that time. There were the usual grumbles and the usual imagined persecution of hidden enemies (in this case the new Woolworths which had just opened near him). There was also the usual guilt—and the usual grumbles—about his woman friend who was identified with me and on whom he was apt to work out his transference feelings. It was the familiar pattern. Physically he looked a little tired, as well he might with all the work he was doing, but he seemed quite well.

On 3 February, five weeks later, Mr. A. phoned me and asked whether he could come and see me. This was rather sooner than he had anticipated resuming regular analysis, but he said he suddenly felt he wanted to come. There was something urgent in his manner, and I made an appointment to see him on the evening of the following day.

I was so impressed with this session that the moment he left I wrote down as much as I could while it was still fresh in my mind, and I think I can best convey it by quoting these notes.

I did not make a full note of all my interpretations, but merely indicated their general trend. He mentioned his surname frequently in the session, and I will give him the pseudonym of ‘ Amos ’.

The notes start: ‘ He bounded upstairs in front of me—what a hefty chap he is ’, and then continue, ‘ He was a bit vague about why he'd come. The shop was doing well—very well. In spite of competition. Two big ironmongers had opened nearby, but he'd held his own. The shop wouldn't flop. He said he saw to it that his shop always had everything people wanted, no matter what they asked for. He had got a slogan now to write across the shop front—“ Amos has got it ”—and whatever it was he would see to it that he had got it. He had been riding all over the town buying all sorts of unusual things so that he could supply whatever was demanded of him. “ Amos has got it.” And he was going to spread now. He said he was negotiating for a second shop and hoped to spread further and further, all over the country. He kept repeating, “ Amos has got it.” He now had two assistants and a delivery van and a man to drive it. He arrived tonight in the delivery van. His woman friend was still working in the shop. He had no need to feel guilty about this as he loved his wife and couldn't do without her. He just wanted to make this woman friend happy. He felt she was happy—happy as a sand-boy. In fact last week he paid her a bonus of ten shillings. (Here I pointed out that he paid me ten shillings so that I was the sand-boy he wanted to make happy. The shop was the perfect breast—the hardwaring breast—which supplied everything.) He asked me anxiously whether I had been having any more of my bad colds and told me that I shouldn't smoke so much. Said he was always worried about me having bad colds and smoking. Said he had been doing his best to keep everyone warm during the recent cold spell and had supplied paraffin to the bungalows and caravans in the neighbourhood. He had been trudging knee-deep through the snow with huge drums of paraffin under each arm delivering it to the caravans. Said, “ You know, I *am* a strong chap.” He let people bring their cans and he rationed it out. He had sold 600 gallons a week during the cold spell, when the snow was so deep. During this period he kept open till 9 o'clock for people to fetch their cans—of course, he asked the police whether this was in order and the police had said, “ Go ahead, old man.” He wouldn't dream of breaking the law. The police couldn't have been kinder. He said he wanted everyone to be happy and satisfied.

(I pointed out that he was keeping me good, keeping me warm and seeing I did not get destroyed by cold, smoke, etc., etc.). He said the income-tax man had written asking whether he could help and advise him with the accounts; a very nice letter indeed. But A. had to laugh at the idea of needing help with his accounts. He was up half the night doing accounts. They were perfect. He knew he ought to get to bed earlier and intended to do so now that he'd got the business going and his accounts in first-class order. They were taking as much as £200 a week these days. He said that he'd soon be able to stop the drudgery and get his second shop going and teach the others to run the business without him. It was a good business. He'd soon be the manager of two shops. " Amos has got it." Paraffin was dangerous stuff. But there couldn't be a fire in the shop because all the paraffin was kept in special containers in a special cement room. He couldn't bear to think of a fire starting because if it did it would spread and spread and spread. But he was sure the shop was all right. The shop wouldn't flop and it contained everything anyone could want. (I said that the shop was the good part of himself, the part which could supply everything and which was safe from danger, and he had split it off from another part of himself, a part where he feared the fire would spread and spread.) He repeated, " Yes, the shop's all right, the *shop* won't flop—but there are still some ' pockets of resistance ' in the *house*." '

This finishes my notes, but I had added a short and rather facetious postscript. I wrote: ' There must be something very wrong with A. if he starts being nice about the income-tax man ', and I added, ' All his persecutors seem to be internalized. Goodness knows what horrors are going on inside him! '

As it happened, this footnote was only too correct—there were indeed horrors going on inside him. But I admit that I did not think then of the possibility of cancer. What I feared after this session was that he was heading for a psychotic breakdown, and I was very glad that he was coming back to have regular sessions, starting in four days' time. It was not only the manic nature of the analytic material that was disquieting—the whole atmosphere of the session was quite unlike any of the sessions we had had before, even during the turbulent time in 1948 and 1949 when on several occasions I feared he might have to go to a mental hospital, either with a paranoid breakdown or a violent attack of mania.

The day before he was due for his next session, his wife phoned to tell me that he was ill; he had ' fibrositis in his shoulders and bronchitis ', and the doctor had ordered him to stay in bed for a few days. Five days later his wife phoned again to say that the illness appeared to be more serious than was at first thought; Mr. A. now had pneumonia. This phone call was followed closely by another; she now told me that he had ' an abscess on his lung ' and was in a chest hospital, but was soon to be moved to another hospital to have deep X-ray treatment, since massive doses of penicillin had produced no results. I asked Mrs. A. whether her husband would care to see me, and she eagerly said yes. She had, in fact, already asked the hospital if I might come, and I was given *carte blanche* by the hospital authorities to come when and as often as I could. I could not take full advantage of this kind offer because both hospitals were quite a long way outside London, but I greatly appreciated the way in which I was at all times welcomed and supplied with information.

When I arrived at the hospital on my first visit I was greeted by the ward sister, who confirmed my worst fears by saying, ' Of course, you know that it is cancer of the lung.' She said they were at their wits' end to know what to do to ease his anxiety. No matter how often they told him he had not got cancer, he repeated his question—' Have I got it? '—over and over again. The sister, a charming and intuitive woman, was very worried about this, but the orders were that he must on no account be told the truth.

I must admit that I entered that ward feeling more than a little apprehensive and wondering how I could best help him. He was right in the middle of a busy ward; it was not visiting time, so I was all the more conspicuous; patients were being washed; one was moaning; one was vomiting; outside there was a big stadium in which a football match was being played to the accompaniment of deafening cheers. But the moment I sat down beside Mr. A., the place became for *him* my consulting room and the fact that he had become quite oblivious to his surroundings helped me to be oblivious too. His first words were: ' Thank God you've come. They mean to be very kind here, they couldn't be kinder. They tell me all sorts of things—but they don't understand. But *you* understand, don't you? ' I said, ' Yes, I understand—and what you want me to understand is what is going on inside you—all the destruction that is going on inside you.' He smiled with relief and said yes.

I stayed with him for fifty minutes; he talked and I did my best to interpret. He was very breathless and found it difficult to speak above a whisper. Now and then he just lay there panting. He had not yet had any X-ray treatment and was, needless to say, dreading this. He not only felt it as an attack but also as a hideous impingement, and it became clear that he regarded his cancer as an agent for the destruction of the bad persecuting things inside him and he resented any attempt to destroy that agent.

He told me that he found it quite impossible to eat anything, especially the delicacies which his wife brought him. I told him that he feared that his wife would be destroyed inside him by the process of destruction which he felt going on within him. During the whole of this visit he did not mention the word cancer and neither did I.

He spent two more days at this hospital before being moved to another for his X-ray treatment. During these two days he ate much better, stopped asking whether he had got cancer, managed to get up and walk around a little and occupied himself mostly with helping another patient cope with a deep depression, apparently with great success. I had had a talk with the ward sister which she seemed to find helpful. I was sorry that he had to be moved, and so was the sister, who said, ' I wish they wouldn't give him deep X-ray. He is the sort who dies under it ', intuitively understanding his persecutory anxiety and paranoid fears.

I saw him a week later after he had had some deep X-ray. He was very distressed about leaving the other hospital, saying that the last two days there had been happy because Sister understood him. Here he feared that no one understood. They were very kind indeed, but they kept telling him that there was nothing serious the matter with him and that he would soon be well. And he suddenly shot the question at me, ' Am I very ill indeed ? ' I said, ' Yes, you always do things in a big way, don't you ? ' He smiled, thought a minute, and then said, ' I like that because it means that I can do *good* things in a big way, too.' And he talked of the shop which his wife was managing to carry on successfully in his absence.

He then showed me both his hands, saying, ' They are quite dead ', and adding, ' but no-one else knows this.' It was his *left* lung which was the one under treatment, and he laid stress on the fact that his right hand felt as dead as his left hand. He spoke mysteriously, and I was reminded of a session we had at the time of the King's death. Mr. A. had become very importantly secretive, as he was given to doing on occasions, and had remarked (as though no one else had thought of it), ' I wouldn't want it known, so please don't repeat it outside the treatment room, but I personally am sure that the King died of a coronary thrombosis and cancer of the lung '. And I remember saying to him that the secret he was telling me about was the secret of his own inside. When he told me about his ' dead hands ' I did wonder whether he was telling me that his right lung was affected as well as the left. However, I was told that according to the many X-rays taken it was apparently still sound.

The next time I saw Mr. A., about a week later, all hope of achieving anything by means of deep X-ray was gone and it was now being given to him merely as a palliative. This was told to me by the doctor in charge of the ward whom I saw before I went in to see Mr. A. The doctor said he was very glad I had come as Mr. A. was so much easier to nurse after I had been there and reacted much better to sedation. The question of sedation was quite a problem, because Mr. A. would manage to stay awake even after maximum doses of powerful sedatives. On the evenings immediately following my visits, however, he had gone to sleep without difficulty. Another problem which was bothering both the doctor and the nursing staff at the moment was a urethral symptom: he was insisting on drinking quarts of water and urinating continually and then complaining that he had not passed enough urine and must have more and more water to drink. They had tested his urine several times but could find nothing abnormal. The doctor, realizing that this was a neurotic symptom, asked me if I could do something about it as it was exhausting Mr. A. and giving the nurses a great deal of anxiety and extra work. They were doing their best to understand and help him in every way, and I cannot speak too highly of the patience and compassion shown by all the hospital staff for this very difficult patient.

Mr. A. was in a rather comatose state most of the time while I was with him. and he kept slipping into unconsciousness and returning to say, ' Ah, you have come back. You always come back.' He kept repeating, 'The shop is good. Have you seen my shop? You must go and see my shop. It has got everything in it.' I said he was telling me that I was the good breast which always came back and he was offering me his hardware shop, his good 'hardwaring' breast, which supplied everything good and which never wore out. A little later he mentioned the water-drinking and urinating, and asked me why he did this. I said I thought he was busy washing all the 'bad' out of his inside and trying to make everything inside him as 'good' as the good shop outside him. He wanted everything to be ideal both inside and out. He said, 'Yes, that's right'. I heard afterwards that after this visit he completely gave up this obsessional water-drinking and urinating, and appeared happy and serene.

I promised to come and see him the following Monday, four days later, but he died on the Sunday. The day after the funeral his wife told me the story of the final days. On the evening before he died, while she was visiting him, he suddenly sat up and said, 'The miracle has happened. All is now goodness.' Next day, which was Easter Sunday, his wife, his mother, and his brother came to see him. He was smiling and talking happily, and was surprised to see his mother was crying and said, 'Doesn't she know about the miracle?' His wife had brought him a plate of chicken, 'a nice piece of breast' which she said she had arranged 'ever so prettily on a dish'. He looked at it and said, 'What a lovely white breast. I would like some.' His wife put her arm round him and started to feed him and at the second mouthful he fell back, dead.

The cause of death on his certificate was: (1) Coronary thrombosis; (2) cancer of the bronchus.

The hospital had not been able to come to a conclusion about the extent of the damage to the lung while he was alive, and asked to be allowed to do a post-mortem. Mrs. A. read me the letter telling of the result. They said that the result surprised them. The extent of the damage was far greater than they had suspected. Not only was the left lung, which they were treating, completely destroyed, but the right one, which they thought was sound, was to a considerable extent destroyed as well. The letter ended by saying that it was amazing that he could have gone on living for so long.

Naturally, after an experience of this sort, one cannot help asking whether one could have done more, and whether one could have prevented the fatal outcome. Questions abound. Did he have to have a fatal illness to ward off a psychosis? Can cancer be psychogenic or psychologically motivated? If so, why did he choose cancer and not tuberculosis in identification with his father? Does a physical predisposition come in here, and had he always, as it were, the seeds of cancer dormant within him ready to be used by him when needed?

Be that as it may, the interplay between his physical sensations and his phantasies seems clear both in the session I have quoted and also in the incident of the 'two dead hands'. In the session he was, in my opinion, unconsciously telling me that he knew he had a cancer inside him which would 'spread and spread', and with regard to the hands he seems to have been telling me that unconsciously he knew that his right lung was diseased as well as the left one.

With regard to the manner of his death, this was characteristic of him; as I said earlier, he always talked and even behaved as though acting in Victorian melodrama. Obviously the material I have given can be interpreted in various ways. His death while eating 'the good white breast' can be seen as his final destruction by a bad internal devouring mother. But it seems to me that this is only one aspect of what was happening. Obviously, one of his difficulties had always been his inability to cope with his ambivalence in a mature way, and his solution seems to have been to split himself, and his mother, into two—the external good, hardwaring, all-supplying breast and the internal bad, cancer breast. When he felt that the destruction was complete within, he could say, 'All is now goodness', and become one with the ideal mother.

In this connexion I would like to quote from two rather different authors: Charles Dickens and Bertram Lewin.

Dickens (1), writing of a boy who is dying of consumption, says, 'There is a dread disease in which the struggle between soul and body is so gradual, quiet and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away, so that the spirit grows light and sanguine with its lightening load and, feeling immortality at hand, deems it but a new term of mortal life. . . .'

Lewin (4) writes: '. . . the breast is often condensed psychologically with a super-ego, a deathless one with which the ego identifies itself, so that it can participate in its immortality. Along with the active devouring fantasies goes the sense of yielding to the deathless figure, relaxing into it, and ultimately joining it in sleep or in a sleeplike state.'

Lewin also writes: ' In the desired sleep state related to ecstasy, we meet the quality of immortality, the unending heavenly bliss. . . . Union with the immortal super-ego forms a prominent feature and the sense of immortality is a function of the fusion.'

It seems to me that this question of ecstasy, sleep and the libidinization of death was an important factor in Mr. A.'s need to be blotted out in a perfect union with an ideal mother. This need seems to be connected with very early phantasies of swallowing the breast and at the same time being engulfed by it. Mr. A. had many phantasies of this type, all suggesting the extent of the symbiotic relationship with his mother. His relationship with his wife was, I think, an echo of this early relationship. In my opinion, he was always answering his wife's unconscious demands that he be the helpless ill one, in the same way that he had always answered his mother's unconscious demands that he deal with her depression and her guilt for her. As I mentioned earlier, he always felt compelled to eat dirty, damaged things, and his mother demanded that he be ' good ' in order that she might eat. Having his cancer was, I think, for him equivalent to eating the dirty, damaged thing, destroying it and making all good inside. In this way he destroyed the ' bad ' which his mother projected into him and made himself into the ' good ' thing which his mother could devour with safety.

It is of interest that his father always appeared as a rather nebulous figure, forever hidden inside the powerful devouring mother. In his death he identified with this father and became one with him inside the mother.

I think that it might have helped considerably had Mr. A.'s wife been able to have some analysis, either at the same time as her husband or, perhaps better still, to have had some before he started his. Be that as it may, I will make so bold as to say that if Mr. A. had been brought to me when he was a child of about three, the first thing I would have done would have been to analyse his mother, since, in my opinion, treatment of the child alone would probably have been completely obstructed by the mother who seems to have had so great a need to obtain vicarious gratification from her child.

Before I end this paper, I would like very briefly to bring my story up to date.

Mr. A.'s prophecy has proved correct; the shop did *not* flop. It is being carried on very successfully by his widow with the help of the woman friend. Only the other day, Mrs. A. said to me, ' The shop really is a good going concern. We are selling 400 gallons of paraffin a week—paraffin is the life-blood of the business.'

In the home, she has gradually cleared away all the ' pockets of resistance ', though she found this difficult to do at first. An internalized Mr. A. was forever forbidding her to touch those contaminated objects.

And Mr. A.'s mother, so long banished from the house during her son's lifetime, moved in there on the day of his funeral and has lived there almost continuously ever since.

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ON THE THEORY OF PSYCHO-ANALYTIC TREATMENT *

By

THOMAS S. SZASZ, M.D., SYRACUSE, NEW YORK **

'I only want to feel assured that the therapy does not destroy the science.' S. FREUD (31).

'We are today anxiously aware that the power to change is not always necessarily good.' J. ROBERT OPPENHEIMER (62).

I

SCIENCE AND PSYCHO-ANALYSIS

'Psycho-analysis is not, in my opinion, in a position to create a *Weltanschauung* of its own. It has no need to do so, for it is a branch of science, and can subscribe to the scientific *Weltanschauung*.' S. FREUD (29).

The problem of the nature of psychotherapy has occupied a position of central importance throughout the history of psycho-analysis. Nevertheless, the concepts upon which our theory of therapy rests—whatever the technique, goal and name of the psychotherapy might be—remain essentially limited to those developed during the first few decades of our science. Accordingly, certain concepts and terms are used by different workers to describe different, sometimes even diametrically opposite, ideas and experiences. This state of affairs is undesirable for a number of reasons. It may lead to misunderstanding among analysts; it may confuse and retard the development of the earnest student; and it may lead to repetitious restatements of theoretical positions and therapeutic orientations by various 'schools' of analysis without such interchange bringing about modifications in the respective workers' existing orientations.

To the extent that the foregoing shortcomings exist, psycho-analysis fails to live up to the basic requirements of a scientific discipline. For it is not enough to maintain that one is in search of 'truth' to qualify for the adjective 'scientific'. The requirements of science include 'agreements' among colleagues about fundamental concepts, adherence to certain well-defined methods of investigation and observation, and the unambiguous communication of such observations to others so that they may share in the new experiences either by repeating the observations themselves or through empathy. Further, a test of whether or not the foregoing criteria are in operation may be found in the effectiveness and rapidity with which the reports of workers concerning new observations are 'accepted'. Acceptance in this context does not signify agreement regarding the validity of the new findings. It does mean, however, that the observations have been 'listened to', and it follows that they will be either accepted as correct or the nature of the error will be rapidly demonstrated. The new finding is thus either integrated into old knowledge, or drops out of sight. Scientific work is then ready to proceed onward in its relentless and endless journey towards the achievement of fuller and better understanding.

Mathematics and modern physics supply our best models for such a concept of science (50). Indeed, our concepts of the nature of science probably derive from our knowledge of how these disciplines operate (13). Psycho-analysis deserves to be considered a science, since it fulfils several of its requirements: it has given us certain well-defined concepts and has furnished us with a method of investigation and observation. This is well known, and few would doubt that psycho-analysis has broadened the scope as well as the depth of our understanding of human feeling, thought, and action. Its greatest weakness, it seems to me, lies in the fact that in psycho-analysis we do not seem to have been able to formulate our work and our concepts in such a way as to command the rapid 'test of adequacy' which characterizes other sciences.

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** Professor, Department of Psychiatry, State University of New York, Upstate Medical Centre, Syracuse, New York.

This has serious consequences, in that conflicting opinions, largely derived from different methods of observation, continue to exist side by side. Furthermore, they all tend to use the same words and thus threaten us—if the trend continues—with an avalanche of misunderstanding which could easily put a halt to further advance in our field along the lines now familiar to us.

The purpose of this paper is to re-examine some of the fundamental concepts underlying the theory of psycho-analysis as a method of therapy in the hope of identifying some of the factors responsible for the foregoing difficulties. I will devote particular attention to the theoretical implications of technical rules and to the concept of the ' aim ' of psychotherapy.

II

' Treatment ' or ' Understanding ' ?

> ' The history of science is science itself; the history of the individual, the individual.'
>
> Goethe (41).

> '. . . the history of science assumes a new importance. It becomes, not the history of one among several branches of human knowledge, but the essential clue to the process by which man achieves his self-transformation from the animal to the human kingdom.'
>
> B. Farrington (20).

Psycho-analytic treatment is discussed so much and is written about so widely that detailed references to previous works seem unnecessary. Moreover, even the most cursory review of the literature on therapy would be so lengthy and complex that, within the confines of a single essay, its presentation would surely drown out any new emphasis or point of view that one might wish to make.[1]

An accurate description of the therapeutic technique of psycho-analysis is one way in which the problem of therapy may be approached. This means, in simple terms, that we try to ascertain exactly what the analyst and the patient do and say in the analytical situation. One could immediately object and point to the words ' analytical situation ' as referring to something indistinct. What is the analytical situation? In order to answer this question, it must be viewed in an historical perspective. In the beginning Freud described the manner in which he worked—that is, the ways in which he tried to observe, understand, and influence his patients—as *the psycho-analytic method.* In this sense, as a primary definition, it was not further reducible to other experiences, and it was particularly meaningful by virtue of its points of difference from hypnosis and catharsis. The latter methods *aimed* at symptom-removal, as the logical goal of the contemporary physician. This was how the physician was supposed to ' help ' his patient.

One of the decisive steps in the development of psycho-analysis must surely be attributed to the fact that Freud quickly realized that perhaps, after all was said and done, with the use of hypnosis and catharsis the patient was not ' really helped ' at all. He then turned his attention to trying to understand better the nature of the patient's productions. The goal of helping the patient became subsidiary to the goal of scientific understanding. Some people might object to such an interpretation of the events. However, we know that Freud was not principally interested in being a physician and in ' curing patients ', and that he was passionately devoted to the pursuit of increasing his own grasp of understanding in numerous areas of thought (9, 51).

I would like to interrupt my presentation to comment briefly on this matter of ' helping people '. This seems indicated since in our day and age there is once again a tendency to emphasize, with almost moralistic fervour, that the primary aim of the physician and the analyst is to help his patient. Thus *the intent to help*—sometimes sincerely experienced, sometimes only officially avowed—usurps the place of asking such questions as: ' I must help the patient—to do what? ' and, ' If I so help him, what price will he (and I) pay for it? ' (Cf. 18).

In Freud's day, though, much more than in our times, it was perfectly legitimate to be interested in trying to understand the world about us without any practical gains necessarily deriving from such ventures. Indeed, the men Freud admired most—Galileo, Copernicus, Darwin—and his own teachers in Vienna, were characterized by this spirit of ' pure science '.

The spirit of this endeavour is, of course, not gone. It is only muted, and particularly so in psychiatry. Recently, J. Robert Oppenheimer has called our attention to the importance of this psychological fact concerning ' progress ' in the following words: '. . . we also know how little of the deep knowledge which has altered the face of the world, which has changed —and increasingly and ever more profoundly must change—man's view of the world, resulted from a quest for practical ends or an interest in exercising the power that knowledge gives. For most of us, in most of those moments when we were most free of corruption, it has been the beauty of the world of nature and the strange and compelling harmony of its order that has sustained, inspirited, and led us ' (62, p. 97).

I believe the foregoing considerations are most important, since it is often maintained that psycho-analytic technique has evolved gradually and in such a way that its modifications have been steadily oriented to the goal of ' What is best for the patient? ' It is added that Freud was, after all, a physician and he was for ever trying to perfect his ways of healing sick people. I personally think such a view may be nothing short of a sentimental rewriting of the history of psycho-analysis. And I know that many analysts share my view regarding this point.[2]

What is the relevance of these comments to the nature of psycho-analytic technique? Simply this: that in so far as the emphasis in analysis shifted from ' treatment ' (in the narrow sense) to efforts to understand ever more about the patient, the requirements expected of the method changed accordingly. The main requirement now became—as in other branches of science—that the method be helpful in eliciting as much useful information as possible and that it do not ' contaminate ' what is observed any more than necessary. The making of constructions and interpretations may thus be looked upon as the investigative tool, while many other features of the analytic arrangement (e.g. the reclining position, free association, etc.) serve to ensure the clarity (and depth) of the field of observation. All this has been said before. What I wish to emphasize in this connexion is the importance of Freud's scientific attitude on the evolution of this whole matter and the difference between the notions of ' trying to help a sick person ' and ' trying to bring order and harmony ' to the phenomena and relationships where there was none before. I will return to this point later.

III

SOME IMPLICATIONS OF RESTRICTING PSYCHO-ANALYTIC TREATMENT TO THE ' ANALYTIC SITUATION '

> ' The possibility of analytic influence rests upon quite definite preconditions which can be summed up under the term " analytic situation "; it requires the development of certain psychical structures and a particular attitude to the analyst.' S. FREUD (33).

Perhaps the origin of the rules by which psycho-analysis is conducted accounts in large part for the widespread feeling which has developed among analysts regarding their restrictive nature. In other words, it was Freud himself who defined analysis as a procedure which can be applied only to some patients and under certain circumstances. He excluded many psychiatric conditions of adults as well as children from the domain of psycho-analysis in the restricted sense (i.e. the ' analytic situation ').

It is my contention that this provided a challenge for others to enlarge and to adapt ' psycho-analysis ' so that it would include progressively broader areas of human behaviour. In this tendency analysts have acted as others do who believe they are ' in the right '. The pressure of nationalism demanding ever-larger territorial dominance or the ambition of religion to convert more people to the ' faith ' are analogous phenomena. As psychologists, we should remind ourselves that these pressures usually originate from an underlying feeling of doubt about one's ' rightfulness '; the vigour with which the ' movement ' is spread drowns out this voice of uncertainty. I dwell on this point, because in this phenomenon once again I see a discrepancy between the scientific attitude and some aspects of psycho-analysis. A scientific method is characterized, among other things, by a high degree of tolerance of neighbouring areas of problems and of knowledge in which work proceeds by essentially different methods. Witness the coexistence of mathematics and physics or of optics and organic chemistry. Mathematical physics, which at present is regarded as the most ' lofty ' of the natural sciences, does not insist on calling all these fields simply ' physics '. The clarification achieved by using different words for different activities is a useful one, although it remains true that, to use our example, both optics and organic chemistry are reducible to mathematical physics with regard to basic theoretical principles. A useful distinction is made, however, on the basis of different methods of investigation and observation.

The situation in modern psycho-analysis, unfortunately, is just the opposite. We use the fact that certain underlying theoretical concepts (in the mind of the psychiatrist) are ' psycho-analytic ' to designate widely varying *methods of investigation and observation* by one and the same word. Freud himself contributed to this ambiguity. While at times he emphasized that psycho-analysis is restricted to the ' psycho-analytic situation ' (by which he clearly delimited it to Eissler's primary model technique), in other instances he used the word ' psycho-analysis ' to denote other, wholly dissimilar, situations. Other analysts have added greatly to this widened usage of the term. It must be emphasized that this tendency was, and probably continues to be, motivated by the prestige-value attached to the term ' psycho-analysis '.

We should also recall that Freud spoke of psycho-analysis not only as a science but also as a ' movement '. Many of the issues which I am now considering, and which were ably discussed by others in connexion with the differences between psycho-analysis and dynamic psychiatry (37, 64, 65, 67, 68), could thus be regarded as the price which psycho-analysis (as a science) is paying for its conquest over psychiatry.

For the sake of economy of expression, I will use the word ' psycho-analysis ' in the subsequent paragraphs to designate the ' primary model technique of psycho-analysis ' (18). If other procedures are meant, they will be so described.

As I have tried to show, if we regard psycho-analysis as being ' limited ' to certain conditions, or better, to persons possessing a certain kind and sufficient degree of ego-development, *ipso facto* we bring about a situation in which it behoves us to modify the technique. This may then lead to notions such as the technique being thought of as ' routinized ' or ' rigid ' and therefore undesirable. This is simply the result of a false point of view regarding the scientific function of such rules. Let us take an example, by the way of an analogy. Clocks, scales, and measuring sticks were the chief methods of investigation and frames of reference for observation in classical mechanics. No physicist would think of describing the methods of Newtonian physics as ' rigid '. The physicist simply concludes that certain phenomena cannot be described within this theoretical framework. But then, no framework promises to explain everything. By the same token, it must be noted that new methods and concepts are always *added* to the old ones and *do not supersede them* (62). Certainly the failure of an investigative tool and observational method in a new area cannot be used as evidence against its adequacy in the old one. Moreover, to push this analogy further, it is not so much the failure of the method in some areas that justifies deviations from it, but rather the *creating of new, more suitable methods of inquiry*. Accordingly, new methods of psychotherapy—in so far as they are to be compared to psycho-analysis as a method of understanding (science)—must be evaluated on some basis other than that of ' therapeutic success '. Since this criterion is never mentioned, it illustrates further the insufficient differentiation in our work between psycho-analysis as a scientific discipline (wherein the only criterion of ' success ' is the explicatory power of the theory), and psycho-analysis as ' applied science ' (wherein its effectiveness may be measured by the power to bring about change, by economic gain, or by prestige).

IV

The Chess Model of the Psycho-analytic Situation:

I. The Nature and Function of Rules

> ' The scientific way of thinking has a further characteristic. The concepts which it uses to build up its coherent systems are not expressing emotions. For the scientist, there is only " being ", but no wishing, no valuing, no good, no evil; no goal.' A. Einstein (15).

The emphasis on the restrictiveness of rules is responsible for another misunderstanding about psycho-analysis. I have in mind the notion that according to the ' primary model technique ' of analysis, the behaviour of the therapist is closely prescribed; it is as though he were bound to lose most of his spontaneity and individuality, and sometimes he is even seen as a sort of disembodied carrier of the rules.

The reasons for the development of these and other similar notions need not concern us here. We may recall that Freud compared psycho-analysis to a game of chess, and that he used this analogy in one of his early attempts to explain psycho-analytic technique (28). Let us see what other inferences we might draw from the analogy between chess and the primary model technique.

Chess, like other games, has a given set of rules. These determine how the game must be played, and at the same time constitute the very definition of the game's *identity*. When it is stated that the rules determine *how* the game is to be played, it might appear that this is a ' restriction ', and that not too many possibilities remain for expressing originality and skill. To what extent this is true depends upon the entire nature of the game. A game of draughts, for example, is less complex and more constricted and constricting than a game of chess.

This brings us to the crux of the matter. If our focus is on the rules which govern chess play, we may get the idea of *something that is limited.* After all, only a few figures are involved, and these can be moved only in a few predetermined ways. Yet, when we play chess, we discover that the number of possibilities within the set rules is truly staggering. Moreover, with greater proficiency, the freedom within the rules actually increases, inasmuch as one becomes capable of an ever-increasing variety of ways of ' playing '. We use the term ' freedom ', accordingly, to designate the multiplicity of opportunities available to a person in a given situation. This will depend not only on the rules, but also on what the person ' brings to the game ' within himself.

Several aspects of psycho-analytic treatment, using interpretations as the sole technical device, are very similar to the state of affairs encountered in chess.

1. Chess is restricted to those who know how to play the game. This excludes those who, by reason of intellectual or cultural circumstances, ' prefer ' other games, and particularly those who feel it is too complicated and too taxing on the inner resources of the player. Analysis, similarly, requires a relatively well-developed ego and a certain kind of (' scientific ') orientation to problems of living. (More will be said about this later.) Children and those with ego-deformations are excluded from analysis, or are handicapped at benefiting from it.

2. Chess can be described in terms of a set of rules which, in their elementary components, do not appear very complicated. The same is true of analysis, which is usually characterized by the rules (concepts) of ' the analytic situation ', transference, analysis of the transference, resistance, and the making of constructions and interpretations. This may give the impression, especially to the uninitiated, of a rather limited sort of situation. In this connexion the legend of the invention of chess may be recalled. According to what is thought to be the oldest and most widely disseminated of these legends, the philosopher who invented the game in ancient India was offered by the queen any reward for his great gift to humanity that he desired. He merely asked that he be given some corn, the amount to be calculated by placing one grain on the first square and doubling the number successively on each of the sixty-four squares. At first glance this may appear to be an excessively modest request—as it did to the queen in the story—but on actual calculation it turns out to be a very large number.[3]

3. The latitude within the rules, in chess as well as in analysis, is determined by what the participants bring to the situation. The fact that some patients ' need ' forms of treatment other than analysis does not detract from its value to those who can utilize it any more than does the fact that many people enjoy games other than chess detracts from the latter.

4. While the rules of chess are set and predetermined, the game proceeds in such a way that each player *influences the other continuously.* Thus the same player plays differently against different opponents even though he may have a persistent ' style ' of his own. Further, for a game to be conducted in a masterly fashion, it is necessary that both players be very good; a master cannot play well against a beginner. These considerations apply strikingly to the primary model technique of psycho-analysis. The patient's productions and behaviour are thus one of the determinants of the analyst's interpretation, and the latter will influence the patient's next ' step ' in analysis, and so on (36, 56). Some patients can be analysed more easily and more rapidly than others, and this phenomenon depends largely on the patient being attuned (even prior to analysis) to the task of utilizing interpretations (understanding) as a method (rule) for conducting the ' game of living '.

5. The notions of ' rigidity ' and ' flexibility ' are not relevant to the rules of chess (or of other games) since, if we propose to play chess, we take for granted that the players (and those who might wish to follow the game) all agree to abide by the rules as a matter of *convention.*[4] This does not mean that one cannot legitimately ask, ' What would happen if we were to play the game by other rules? ' However, the pursuit of this question must be kept as clearly separate as possible from the problems encountered in playing chess, or else hopeless confusion will result. The same considerations apply to the scientific method in general, and to psycho-analysis in particular.

6. In all situations characterized by rules—such as scientific methods, games, or psycho-analysis—the rules structure the situation, but the participants determine the complexity and richness which may develop therein. It follows therefore that when one is faced with difficulties of ' growing ' within a given structure, one may readily turn to another set of (easier) rules.

This could easily represent a regression, such as turning from chess to draughts. It could also be a valid shift necessitated by the object of study. The latter case would invariably be characterized, however, not by any simplification of rules, but rather by a change to another set of equally complex or even more stringent rules than those that are being abandoned (e.g. the change from auction bridge to contract bridge; or the shift in analysis from using interpretations focused solely on the transference [Strachey, 74] to a recognition of both transference and counter-transference).

7. The final goal of most games as well as that of science are *given* and are not a matter of choice for the participants. In chess, for example, the final goal is for either player to checkmate the other or to play to a draw. I will now try to show that a similar state of affairs obtains in psycho-analysis. The notion of choosing different therapeutic aims for different patients is, in the context of psycho-analysis, meaningless.

V

THE CHESS MODEL OF THE PSYCHO-ANALYTIC SITUATION:

II. THE COMPLEMENTARY NATURE OF RULES (PRINCIPLES OF CONDUCT) AND AIMS

> 'The scientific method would not have led anywhere, it would not even have been born without a passionate striving for clear understanding. Perfection of means and confusion of goals seem, in my opinion, to characterize our age. If we desire sincerely and passionately the safety, the welfare and the free development of the talents of all men, we shall not be in want of the means to approach such a state. Even if only a small part of mankind strive for such goals, their superiority will prove itself in the long run.' A. EINSTEIN (14).

The question, 'What is the aim of psycho-analysis?' has received considerable attention in the psycho-analytic literature. The interlocking nature of the aim and of the technique is generally appreciated. Balint (4) has emphasized the ways in which both the aims and techniques of analysis have changed in the past and apparently continue to change through the present.

Currently there is considerable agreement among analysts regarding the aim of therapy when this is formulated in general terms, such as 'emotional maturation' or 'unhampered personality development'.[5] At the same time, there is widespread disagreement on specific points, such as whether one should aim at 'structural change', 'interpersonal harmony', 'good communication' or 'successful adaptation to the environment', etc.

Clearly, the problem of the aim of psycho-analysis is a weighty one. It may confuse us particularly in so far as it may touch on the age-old philosophical question of 'What is the purpose of life?' In view of these considerations, it might be helpful if, instead of offering goals of our own, we were first to examine precisely what we mean when we speak of the goal of psycho-analysis.

We have little difficulty in understanding the meaning of the word 'aim' in everyday speech. For example, in a situation such as that of a marksman aiming a gun at a target, we speak of hitting the target as being the aim. But even here we might ask *whose* aim this is. There are at least two answers to this question. (i) We could say that it is the *marksman's aim* to hit the target; (ii) we could also say that the notion of hitting the target is set, i.e. predetermined. The marksman simply makes this goal, *given by the situation*, his own and experiences it as *his goal.*

Let us examine another example, closer to the problem of therapy. A patient is suffering from pneumonia. We give him penicillin. Our aim, in this case, is to restore him to a state free from infection.

The crucial issue in both these situations, and in other similar instances, is the matter of *choice.* It is assumed that the marksman has a choice as to whether he wishes to hit the centre of the target or whether to shoot in some other direction. Assuming that he selects the first alternative, he may then be more or less successful in achieving his desired end (aim, goal, purpose). Similarly, it is assumed that the physician has a *choice* between giving the patient penicillin, not giving it, or even doing something that is directly harmful. These considerations form the focus of discussions on problems such as euthanasia and the application of medical procedures to politically determined 'aims'. In other words, *the concept of a specific aim has real meaning only in a context of choice.* If there is no choice, then there is no 'aim' in the sense in which the word is used in the foregoing examples.

In so far as this applies to a therapeutic situation it has further implications. The notion of *aim* here is meaningful only if its referent is the patient or something about the patient. I can illustrate this as follows. We have a patient suffering from an hysterical conversion. In such a case, we might discuss the aim of the treatment in terms of whether we should remove or otherwise alter the symptom, or whether we should try to effect some change in the underlying character-structure. All these ideas about aim refer, as was noted, to the patient. Their logical corollary is that there is a choice on the part of the therapist, who is potentially free to *decide* to pursue one aim or another and to select a course of action accordingly (67). The choice among various goals presupposes that the nature of the interaction between patient and therapist is essentially ' free ', i.e. not governed by any rules.

Suppose, however, that instead of focusing attention on the patient, we centre our interest on the technique of the procedure employed (i.e. on the nature of the interaction). If we are skilful at this, and so desire, it is possible to describe the technique—or, in other words, to furnish a set of rules—which will meet every possible contingency.[6] Now we recognize that this is precisely what we mean when we speak of a *set of rules* by which a game must be played. This takes us back to the analogy between psycho-analysis and chess. Let us, therefore, ask ' What is the *aim* of chess ? ' This question is to a large extent meaningless, since the aim of the game is inherent in its rules, albeit this is not explicitly stated. However, unless we *understand* and *agree* (and assume) that the aim of the game is for one side to checkmate the other, the rules would be senseless. The rules of the game and its aim are thus *complementary concepts* (11). Neither one alone, no matter how clearly specified, can *adequately* describe and impart its proper identity to the game.

Let us apply similar considerations to psycho-analysis as a method of treatment. I believe we are justified in reaching the following conclusions. The more accurately and unambiguously we describe a process in terms of the operations which go into it, the more rigidly will these operations determine the final outcome of this process. If this analysis of the problem at hand is valid—and accepted—it follows that the notion of *what the aim* of a particular process should be will be meaningless in direct proportion to the predetermined (unalterable) set of rules (operations) by which the process must be carried out. Accordingly, given a certain set of rules for the technique of psycho-analysis, we shall have to ask not what the analyst's or the patient's aims or aspirations are, but what *aim* may have been ' built into ' the therapeutic procedure by its very operations. I propose to discuss this question presently.

Before doing so, however, I wish to show that my foregoing thesis, namely, that a comprehensive definition of rules usually embodies within itself certain consequences, which are often thought of as ' *aims* ', does not rest solely on the analogy with chess. As a matter of fact, the whole new technology of ' purposeful machines ' illustrates this thesis. Modern missiles which ' seek out ' their targets are called ' purposeful ' by virtue of anthropomorphic considerations. One could well say that they are ' more ' purposeful to the layman, who does not know how they work, than to the mathematician and engineer who build these machines and to whom they may not seem purposeful at all, but simply ' built that way. . . .' .The construction of the machine predetermines its ' purpose '.[7]

Anatol Rapoport (69) has recently described with great lucidity that the notion of ethical judgements—such as the question, ' What is good ? '—is meaningful only if we have a *choice.* If there is no choice, if the outcome of a set of events is determined with reasonable rigidity, than it is meaningless to entertain such a question as ' Is this outcome good or bad ? ' Similarly, we should conclude that we can speak about the purpose, aim, or goal of a set of actions if, and only if, the nature of the actions is not clearly determined and restricted to certain possibilities (or, if we are ignorant of these rules, which is perhaps the same thing). Or, to put it differently, the more we are free to vary what we do, the more variable the outcome of our actions will be and, accordingly, the more shall we be able to conceive of having a *choice* among these diverse ' aims '. (It seems likely that from the point of view of scientific method, this problem may ultimately disappear into the realization that freedom of aims is a *measure of our ignorance* of the rules by which the alleged aims are achieved.)[8]

VI

THE MEDICAL MODEL OF PSYCHO-ANALYTIC TREATMENT

> ' I have assumed, that is to say, that psycho-analysis is not a specialized branch of medicine. I cannot see how it is possible to dispute this.'
>
> S. FREUD (31).

> ' It is a waste of time to force comparisons where they do not exist and constitute an obstacle to our special branch of knowledge.'
>
> THEOPHRASTUS (20).[9]

When we consider the question, ' What is the goal of psycho-analytic treatment? ' we are confronted by the whole problem of the influence of medicine on psycho-analysis. That psycho-analysis as a method of therapy was modelled on the pattern of medical treatment is familiar to us all. The implications of these influences are far-reaching and amply deserve a separate study. A detailed consideration of this topic will have to be omitted, since this would carry us too far afield from our chief interest in this paper, which is the nature of the psycho-analytic process and its resultant effects. The constructive influences of medicine on psycho-analysis are generally appreciated. I will take these for granted and will say no more about them. My comments will be restricted to those aspects of the medical model of analysis which seem to obscure and to hinder our thinking about our work.

Many analytic concepts have been borrowed from medicine. Noteworthy are the notions of ' illness ' and ' treatment '. These terms are generally regarded as very useful. Particularly is this true for the concept of ' mental illness '. Sometimes it is even thought that when a patient (or other physician) realizes, or ' accepts ' (as we sometimes say), that a disability is due to ' mental illness ', half the battle of psychiatry is won. I believe much too little attention has been paid to how these concepts may cause us difficulties in scientific work (12).

There is general agreement among analysts on the following two propositions.

1. The primary model technique of analysis requires that the analysand should possess a relatively mature, strong, and unmodified ego. If he is not so constituted, he cannot enter meaningfully into the analytic situation. (This could be compared to the patient having to know the ' language ' by means of which communication takes place in this situation. ' Language ' here denotes not only linguistic language, but also language used in the sense of symbolic logic (i.e. the idiom of a science) [69, 70].

2. The aim of the ' treatment ' is, among other things, to bring about those conditions which favour the fullest development of the ego's potential capabilities. In other words, the aim of the treatment is to permit ' unhindered growth '.

Ambiguities arise from the following sources. (i) How can we speak of ' treatment ', ' improvement ' and ' cure ' if we start out with ' material ' which is, according to our own criteria, relatively good? (ii) How can we evaluate ' results ' if the criterion by which we assess *therapeutic change* (outside of the patient's behaviour in the analytic situation) is the *patient's own* (*potential*) *development?*

These considerations are, of course, hardly novel. However, while analysts may have long realized these ambiguities, our theory and terminology thus far have not developed to clarify these issues. It is my impression that these ambiguities will be difficult, if not impossible, to resolve so long as the medical model of treatment governs our thinking. In medicine, illness denotes a condition existing in a person which is (usually) absent in others considered ' well ' (e.g. an infection, a fracture, a tumour, etc.). Treatment and cure are aimed at re-establishing the disease-free model of normality and are usually completely devoid of any implications of ' growth ' (i.e. being more complex, more mature, more learned, than prior to illness). In psychiatry, the notions of ' adaptation ' and ' social adjustment ' are similar to the foregoing model of ' health '. Thus, in so far as psychotherapy aims at social (including inter-personal) adjustment, the analogy with medicine may be valid and helpful. However, since psycho-analysis tends towards bringing about progressive *differentiation*, the analogy with medical treatment clearly fails, and if persisted in, becomes misleading (45, 49).

The foregoing considerations clarify the apparent paradox contained in the following two propositions, which are subscribed to by most analysts at the present time.

(i) The patient is ' sick '. This follows from his being ' treated ' (by psycho-analysis), his being called ' patient ', his ' improvement ' and his ' cure '.

(ii) The patient is healthy. This follows from his having a relatively well developed ego so that he can enter into the analytic situation and can utilize the relationship for ' learning ', in the widest sense of that term.

The first proposition clearly derives from the medical model of analysis as ' treatment ', from the analyst being a physician, the patient having ' symptoms ', and many other aspects of the situation. The second proposition, on the other hand, derives from the fact that while the patient is not as ' well ' as he could be, or perhaps as he was at some previous time, he is nevertheless both actually and potentially ' healthier ' than most of the population in which he lives. The apparent contradiction of these propositions is greatly favoured by the medically derived terms, ' sickness ', ' treatment ', etc. A comparison of the analytic situation with that prevailing in *education* is in this respect more pertinent, since in the latter sphere also those who are most strongly *oriented to education* seek it, rather than those who are most ignorant.[10]

The concept of ' ignorance ' would thus take the place of the concept of ' illness ' as the factor which can be most meaningfully related to the analysand's state, with regard to both his orientation to himself and to a comparison between himself and others. When we speak of ignorance, however, we must distinguish sharply between two fundamentally different categories.

(i) We say that A is ' ignorant ' if he does not know something that B or C know.

(ii) We also speak of ' ignorance ' if A *wants* to know something, that is, whenever A asks himself a question. In this sense of the term, the concept of ignorance has nothing to do with whether anyone else knows what A wants to know or not; nor, indeed, with whether the question is meaningful for anyone else.

Further consideration of this subject is not germane to our present topic. Suffice it to say that the differences between these two concepts of ' ignorance ' are of far-reaching importance. The first notion of ignorance is situational or relative to others. In this, it is similar to the medical concept of illness. The second notion of ignorance, however, relates to one's own development and is more closely allied to the motives activating the person who is seeking, and is suitable for, analysis. The age-old saying about the wise and learned man becoming more humble about his ' ignorance ' refers to ' not knowing ' of the second type only. The confusion and misuse of these concepts is often employed as an argument and weapon against man's aspirations along scientific lines.[11]

There is another aspect of the concept of ' treatment ' which is particularly misleading when it is applied to psycho-analysis. The term ' treatment ' is generally used to denote the activity of but *one* person (or system) in an interactional process. For example, we speak of surgical treatment or penicillin treatment; we also speak of ' treating ' certain inanimate substances with chemicals, etc. The conceptual model in these situations is that *A* does something to *B*. *B's* response, or activity, in the situation is kept out of focus; whatever it may be, it does not alter the fact of the ' treatment '. Thus, irrespective of the patient's co-operation, antagonism, recovery, or death, surgical treatment remains surgical treatment. This concept is patently false when used for the psycho-analytic situation. Here, the notion of ' treatment ' presupposes certain activities on the parts of both *A* and *B* in an interactional process. Accordingly, no matter what the analyst does—however much he may wish to conduct an analysis—if the analysand's behaviour does not meet specified requirements psycho-analytic treatment will not take place. I realize that the foregoing considerations are familiar to analysts. Repetition may be justified, however, on the grounds that this matter has the profoundest bearing on the nature of the psycho-analytic process and on the so-called evaluation of its results (8, 10, 39, 40, 60). Moreover, it seems to me inevitable that the notion of ' treatment ', modelled after the traditional doctor–patient relationship, should provide a persistent source of confusion about one of the most essential features of the analytic situation.

The exact nature of the (inner) psychological activity of the analyst, of the physician, and of others in their respective work-functions requires much further study. As analysts we know that action in work is an important function for the human ego (46, 55). We also know that the psychological processes involved in the conduct of analysis—on the part of the analyst—are significantly different from those processes which characterize the work of the specialist in internal medicine or surgery. Yet we hardly even have tentative formulations regarding these *finesses* of ego-functions. I think we should take as our starting-point the important difference between *new creation* (the search for order) and the *application* of scientific discoveries (the exercise of ' knowledge '). The discovery of penicillin or of other novel biological agents illustrates the process of new creation (in the medical sphere), whereas the activity of the physician who administers these agents to the sick patient with pneumonia illustrates the phenomenon of application. This distinction is particularly meaningful for the problem of psycho-analytic treatment, since, it seems to me, analysis proper can never be (nor can it ever become) a process of application. Each analytic situation requires an interest and effort in a *new creation* on the part of the analyst (as well as of the patient). I have suggested elsewhere (76) that development to a higher level of psychological complexity of both analysand and analyst is a requisite of success for every analysis. By the same token, 'psychotherapy' (as application of knowledge gained elsewhere) may become progressively less 'scientific' (in the sense of science constituting a source of new knowledge). This of course does *not* mean that such therapy will not be 'effective'. Perhaps it will be more effective than anything that we know today, just as the giving of antibiotics is effective, irrespective of the state of mind of the physician who prescribes them. It is not my intention, in suggesting the foregoing distinction between science as new creation on the one hand, and its application (technology, 'therapy') on the other, to exalt the former and to depreciate the latter. Instead, I hope this distinction will be viewed as an explanatory notion which might help us to understand the many different ways in which human beings can affect each other.

VII

The Scientific Attitude: The Covert Aim of Psycho-analytic Treatment

> 'Religion, superstition, fantastic Biblical world-history, were not demolished by "discoveries"; they were *outgrown* by the European mind. Again the individual life shows in microcosm the pattern of human evolution: the tendency to intellectual growth, in persons as in races, from dreamlike fantasy to realistic thinking.' S. Langer (54).

> 'For science can only ascertain what *is*, but not what should be, and outside of its domain value judgements of all kinds remain necessary. Religion, on the other hand, deals only with evaluations of human thought and action; it cannot justifiably speak of facts and relationships between facts.' A. Einstein (17).

We are now ready to consider the question, 'What is the final goal of psycho-analytic treatment?' It was implied in our earlier discussion that this final goal may not be a matter of choice for either analyst or patient, but may be inherent in the rules of the process.

To clarify this problem, we must distinguish between intermediary goals and a final goal. Although this is a simple differentiation and is familiar to us from the analysis of other processes it has not been generally applied to psycho-analysis. Gitelson has tried to define the essential difference between psycho-analysis and dynamic psychotherapy in terms of a distinction between intermediate and final goals. He pinpoints the problem we are considering in the following way:

> 'One of the as yet unsolved problems of psycho-analysis is concerned with the essential nature of psycho-analytic cure. It is not insight; it is not the recall of infantile memories; it is not catharsis or abreaction; it is not the relationship of the analyst. Still, it is all of these in some synthesis which it has not yet been possible to formulate explicitly. Somehow, in a successful analysis the patient matures as a total personality. Somehow, a developmental process which has been halted or sidetracked, resumes its course. It is as though the person, re-experiencing his past in the transference, finds in the new conditions a second chance and "redevelops" while he is reliving' (37, p. 285).

Gitelson then compares the therapeutic situation to a chemical reaction which tends toward a final state of dynamic equilibrium with many intermediate reactions on the way to this end-state. Psycho-analysis is oriented toward attaining the final end-point in the interaction, whereas dynamic psychotherapy settles on 'any point of stability' as an end point. According to Gitelson the psycho-analytic 'end point' is reached with the resolution of the transference neurosis.

While I am in partial agreement with this analogy because of its lucidity and explanatory power, I suggest that we should regard the resolution of the transference neurosis itself as an intermediate rather than a final goal. My reasons for this, briefly stated, are the following.

The formal end of the analysis means that there is a dissolution of the analytic *situation*. Yet, there is general agreement that, in a broader sense of the concept of analysis, this is not the 'end' of the *process*. The analysand continues to undergo ego-transformations; he changes. It seems to me that the notion of 'the final goal of analysis' should tell us something about this state. A comparison with education suggests itself. A student may be evaluated in one of two ways. In school, his performance is judged by examinations, including a 'final examination' (this may be *compared* to the resolution of the transference neurosis). The 'final goal' of the educational process, however, is also to prepare the student for life (profession, etc.) after leaving school. Thus, he can also be judged on the basis of his later performance. This may be (and in fact is) a more difficult task, since the frame of reference of 'good performance' is no longer clearly defined (social success, money, wisdom, happiness, etc.).

The existence of this double orientation, to the process in the situation and afterwards, must be kept in mind constantly in attempting to ‘ evaluate results ’. Furthermore, the greater ease with which rational judgements can be arrived at within the ‘ situation ’ (in school, in analysis) has favoured definitions based on concepts anchored in the frame of reference of analytic treatment. Accordingly, we have such concepts as the resolution of the transference neurosis, the working through of paranoid and depressive anxieties (52), the new beginning (6, 7) the corrective emotional experience (3) and others. *These concepts have all been designated as constituting the ‘ goal ’ of the treatment; they have all been formulated in terms of technical manoeuvres.* While I am not passing judgement on the adequacy of these concepts, I would like to call attention to the following shortcomings inherent in them. First, as mentioned, these notions are formulated in such a way that their relevance is restricted to the analytic situation. This has an advantage in terms of scientific clarity as long as the person is in analysis. But by the same token, it becomes a source of confusion when he is not. Secondly, most of these concepts (except for that of the ‘ new beginning ’) have an implication of *finality*. Unfortunately this connotation is attached even to the most useful of the views which have been mentioned, namely, to the resolution of the transference-neurosis. Since there is general agreement that there is something inherently *unending* about analysis as a process (not as a situation), would it not be helpful if the final goal of treatment were formulated so that it were to be consistent with this viewpoint?

In accord with the foregoing considerations, I believe that the final goal of analysis should be stated neither in the frame of reference of technique, nor in that of social or interpersonal adaptation, but rather in general terms which pertain to the person’s (ego’s) orientation to his past and present inner life (objects) as well as to his outside life experiences. How can we describe this final state and do justice to all the requirements mentioned? The answer to this question may be found in Freud’s writings, although he did not formulate it as explicitly as I will state it now. According to this view the final goal of psycho-analytic treatment is the establishment of a never-ending, ever-deepening *scientific attitude* in the patient towards those segments of his life which constitute the sphere of psycho-analysis. The sphere of analysis (in this sense) consists of man’s life history, his internal objects, and his ever-changing life experiences.

A few explanatory comments are probably in order. It must be remembered that a definition of the final goal of analysis, as stated above, does *not* supersede the several intermediary goals, described by Freud and others. Rather, the concept of the final goal must be *added* to some of our previous concepts in order to arrive at a more comprehensive theoretical synthesis of what constitutes analytic treatment.

One might also ask, ‘ What exactly is meant by the term “ scientific attitude ”? ’ A thorough examination of this question seems to me an absolute necessity for further progress in our field (77). For the present it will suffice to say that I refer to the same phenomenon which was described by Wälder (78) as the *ability to differentiate between the possible and the real.* The same concept is also taken up by Eissler (18). It is of interest to note that this *psychological feature* of the scientific attitude has long been recognized by mathematicians and physicists. Oppenheimer has put it as follows: ‘ Thus, to the irritation of many, the assertions of science tend to keep away from the use of words like “ real ” and “ ultimate ” ’ (62, p. 6). Apparently, man has found it far easier to take such a detached view of his physical environment than of his ‘ object-environment ’. At least this appears to be a logical inference which can be drawn from the longer history and far greater explanatory power of the physical sciences than of the psychological sciences.

It remains for me to demonstrate how the final goal of analysis is inherent in the technique of the therapy (as this was suggested in the comparison with chess). This task can be combined with another, namely, to show that Freud’s view of the final goal of analysis was essentially the same as that suggested in this paper.

The realization that some of the events observed during the course of analysis were determined by the procedure itself could not come until the procedure was held relatively constant. Macalpine (57) recently described with great precision how the so-called classical technique leads to regression in the patient’s ego-orientation and is in itself partly responsible for bringing about the transference-neurosis. What seems most valuable in Macalpine’s paper is not so much the novelty of her observations, but rather their clear ordering according to a deterministic scheme. She called attention, however, only to how the analytic technique determines what in chess is called the middle portion of the ‘ game ’. I would like to pursue this further in relation to the end of the analysis.

In connexion with discussions of termination and the aim of analysis, Freud made various statements in different contexts. As I commented earlier, throughout his life he based many of his ideas about psycho-analytic treatment on a rather steady parallelism with treatment in various branches of medicine. Whenever Freud freed himself from the medical model of psycho-analysis, he used the *model of scientific work*. He assumed that the patient, or a part of him, was interested from the very beginning in undertaking a scientific exploration of his own personality. Like other scientific work, this would lead wherever the evidence carried one. Its aim was ' truth ':

> ' Finally, we must not forget that the relationship between analyst and patient is based on a love of truth, that is, on the acknowledgement of reality, and that it precludes any kind of sham or deception ' (26, pp. 351–352).

And, again, in ' Constructions in Analysis ', he wrote:

> '. . . we conduct ourselves upon the model of a familiar figure in one of Nestroy's farces—the man-servant who has a single answer on his lips to every question or objection: " All will become clear in the course of future developments " ' (27, p. 367).

In other words, while it is well known that Freud's chief interest was a ' scientific ' one, it is generally assumed that *in addition* he was also interested in *another process*, and that this consisted of ' helping the patient '. One of my aims in this essay is to show that there are not two separate processes, but that ' helping the patient ' evolved into the goal of the patient's adopting a progressively more scientific attitude towards himself and his relationships with others. Indeed, in one passage Freud asserts quite passionately that to use psycho-analysis for any other aim would serve an ' ulterior purpose ' (34, p. 402).[12]

The view that the ultimate ' aim ' of psycho-analytic treatment is a scientific attitude in the patient toward himself and his relationships with others is, of course, not at variance with a formulation of therapy in terms of analysis of the transference and ' corrections ' of current relationships coloured by distortions based on childhood experiences. The latter conceptions refer, in part, to the *actual operations* (13) which lead, under favourable circumstances and in varying degrees, to the scientific attitude; and, in part, these conceptions also refer to phenomena which are the *results* (or manifestations) of the development of a scientific attitude in the patient (i.e. the relative ' objectivation ' of relationships previously more heavily coloured by ' transferences '). The two descriptions are complementary and not mutually exclusive.

Several interesting inferences may be drawn from the thesis that the final goal of analysis is to bring about a scientific attitude (with respect to certain segments of life) in the patient, and that this goal is inherent in the technique of analysis and is not a matter of choice for either analyst or patient. I want to comment briefly on two topics only, namely, on the alleged differences between therapeutic and training analysis and on the problem of the termination of analysis. Acceptance of the thesis set forth in this paper leads to certain conclusions regarding both of these issues.

It is generally asserted by analysts that there is no difference in principle between therapeutic and training analysis (44, 66). At the same time, however, it is maintained that it is more difficult to conduct the analysis of a potential analyst properly than that of a lay person. I realize that this is a complex matter and one with which I have had no actual experience except in the rôle of the analysand.[13] It seems to me, however, that the difference between these two phenomena rests on a *social* distinction, that is to say, on whether the analysand proposes to earn his livelihood by the practice of analysis or through other means. Viewed in the framework of analytic theory, not only should there be no difference between the two processes, but indeed, if the trainee is *properly selected*, he should be more, not less, amenable to analysis than the majority of lay persons.[14] The criteria for ' proper selection ' are inherent in the concept of the primary model technique: the potential candidate must have an essentially unmodified ego so that he can participate with benefit in the analytic situation (38). In addition to this, I would add that it might be helpful if he had a scientific *interest* in how man lives, with himself and with others.[15] Both of these criteria are, in actual fact, quite independent of some of those features of the potential analyst on which much current emphasis is placed. In other words, competent medical training, good social adjustment, and an interest in general psychiatry and in treating people can all be present in candidates with or without the necessary ego structure and scientific orientation mentioned above. Obviously, selection, treatment, and evaluation of results would all have to be carried out *within the same theoretical framework* if the inferences made from one of these processes is to be relevant to the others.

With regard to the termination of analysis, we know that ideally the analytic process never ends. Instead, it should set in motion ego transformations of a continuing character (48, 78). In this respect the parallel with science is particularly apt and striking. Science is never finished; it is infinite. In our present age we have even become sophisticated enough to learn that it is not meaningful to ask where science leads. We must be satisfied with the answer that it leads to ever-greater understanding of, and mastery over, man's environment (physical and human).[16] We have learned gradually to conceive of science along the pattern of the infinite series of mathematics. Man's first major scientific abstraction—the concept of integers (numbers)—has paved the way for such an idea, however greatly this may differ from our biological destiny, which is so emphatically finite. In view of this, it might be more appropriate if we were to regard the analytic process as interminable not because of a defect either on the part of the patient or on the part of our technique, but instead were to regard this fact as a feature indicative of the particular ancestry of our technique. For this notion to be meaningful, however, it will probably be necessary to establish more clear-cut distinctions (and appropriate words with which to designate them) between medical treatments and psycho-analysis. Perhaps the two expressions—the psycho-analytic situation and psycho-analytic influence—first used by Freud (33) himself, would be of value in this direction. The first of these is in fairly general use. The expression ' psycho-analytic influence ' would seem preferable to the term ' treatment ' for two basic reasons. The first of these was described earlier: it relates to the fact that the word ' treatment ' ordinarily refers to the activity of but one person in a situation or interaction with another person (or persons); whereas in psycho-analysis, the proper meaning of ' treatment ' depends upon the activity of both analyst and analysand and, accordingly, in this context it refers to a process which *includes* and abstracts the activities of the participants in it. Secondly, ' influence ' is a neutral term, free of the value judgements invariably connected with the notion of healing. Adoption of the expression ' psycho-analytic influence ', in preference to ' treatment ', would be consistent with the scientific spirit which was responsible for the origin of psycho-analysis.

NOTES

[1] References to works most relevant to the thesis presented in this paper are given in the bibliography. See particularly Nos. 6, 18, 26, 43, 48, 63, 71.

[2] We have, of course, Freud's own views on this matter to draw on. He wrote: ' It is argued that psycho-analysis was after all discovered by a physician in the course of his efforts to assist his patients. But that is clearly neither here nor there. . . . After forty-one years of medical activity, my self-knowledge tells me that I have never really been a doctor in the proper sense. . . . In my youth I felt an overpowering need to understand something of the riddles of the world in which we live and perhaps even to contribute something to their solution ' (31, pp. 207–208). Naturally, it is not necessary to subscribe to an ' either-or ' reasoning concerning the foregoing two motivations (i.e. therapeutic intent and scientific interest); the two may, and obviously frequently do, coexist. Perhaps this overdetermined motivation in Freud himself was one source for the many different statements which he had made on the subject of psycho-analytic treatment, some emphasizing and others minimizing the issue of ' treatment ' (e.g. 29, pp. 207–208 and p. 238).

[3] According to Murray (58), this quantity of corn would cover England to a uniform depth of 38·4 feet. It may be noted that the various legends regarding the origin of chess offer a fascinating subject for psycho-analytic study. Most of the legends portray the game as a sublimated and humane outlet for the pleasures which important men (rulers) derived from defeating their adversaries in warfare. The therapeutic value of the game is quite apparent in these stories. Furthermore the therapeutic effect of the game is such that it is of benefit not only to the players themselves but also to all those persons over whom they have control (i.e. the rulers and their people).

[4] These considerations are put forward to clarify what seems to me a persistent misunderstanding arising out of the use of the term ' flexibility ' in the psycho-analytic literature. This word has come to be used synonymously with ' proper therapy ' and with the notion of ' treatment so conducted that the therapist *understands* the patient'. Conversely, fixity of rules tends to have the connotation of ' misunderstanding ' between therapist and patient. Actually, this situation arose, without much doubt, from attempts to apply the unmodified analytic technique to individuals for whom it is not suitable; it then certainly leads to misunderstanding and ' faulty communication '. But that is to be expected, and is in essence no different from the persistent misunderstandings in numerous other areas of human contact where people with different experiences speak to each other in different symbolic languages (24). However, it is precisely because of this state of affairs that the creation and consistent use of explicit rules actually *facilitates* understanding, rather than hinders it, provided that the rules of conduct are ' understandable ' and usable by the prospective participants in the particular situation (e.g. games, slang, scientific techniques and their respective idioms, etc.). This shows, perhaps from a slightly different point of view, what has been emphasized repeatedly by analysts, namely, the value of the analytic situation for effectively

demonstrating (understanding) parataxic distortions which, under other, less clearly defined circumstances, escape everyone's notice.

[5] It is not unimportant to be aware of the danger inherent in the use of such idealistic terms, since when we speak of ' maturity ' and ' development ' we obviously make it impossible for anyone to negate or disagree with these propositions without his being *ipso facto* ' wrong '. This state of affairs characterizes ethical beliefs rather than scientific propositions. Accordingly, the possibility to disagree reasonably and safely must be inherent in any formulation if it is to merit its inclusion in the domain of science rather than that of religion or politics.

[6] This is achieved partly by limiting what can happen and partly by a definition of rules in an abstract rather than concrete manner. In other words, the rules provide guidance as to conduct according to certain ' principles ', rather than furnishing itemized commands of ' do this ', ' do not do that '. This is an important matter, as is shown by the current misunderstandings as to what constitute the ' rules ' of analysis. The difference between concrete and relatively more abstract ' direction ' may be easily pictured by the following example. If we wish to tell someone how to get from place A to place B, we can: (i) Give him a set of directions, which read something like this. ' Out on street X, right here, left there, three blocks down the street on the left side. . . . etc.'; or, (ii) we can send him a map showing the location of A and B as well as the roads, bus lines, and important places which help one to identify one's position in strange surroundings. Specific ' commands ' as to where to turn, what mode of transportation to take, and so forth, must be *abstracted* from this map by the traveller himself, and must, so to speak, be given to himself. The concept of the ' primary model technique ' of analysis is a map. How many times a week a patient is seen is a direction. The two are not on the same level of concepts and cannot be ' compared ' (cf. Knight, 53; Reichenbach, 70).

[7] This consideration has important bearings on Freud's statement about the treatment of children, criminals, and others not amenable to the unmodified technique, having the same *purpose* as that of analysis (33). Such a view may be no more than a *wish* and, if so, would have to be dispensed with as a basis for scientific work. The importance of this matter rests on the fact that a wide variety of techniques of human interaction are today labelled psycho-analytic precisely on the basis of their alleged aspiration to the same goals as those of psycho-analysis.

[8] The foregoing comments must not be interpreted as being essentially an attack on the concept of ' free will '. This concept is only partly amenable to logical analysis and partly it refers to a psychological phenomenon, a ' state of mind ', which requires explanation along different lines. We cannot pursue this matter further in this connexion (cf. Knight, 53; Wälder, 78).

[9] Pupil and successor of Aristotle. Theophrastus (373–287 B.C.) is said to be the founder of the science of botany, having focused his attention on the differences between plants and animals at a time when others stressed those features which these two categories had in common in contrast to inanimate objects (20).

[10] This line of thought is consistent with the results of a recent survey of the American Psychoanalytic Association regarding the social, professional and economic background of patients undergoing treatment by members of the Association and by advanced students in accredited Institutes. The survey showed a diversity of diagnostic categories and a reasonable diversity of economic status among the patients. The most striking common denominator among the patients appeared to be, at least to me, that most of them were professional men and women, and students; that is to say, they were persons who were all characterized, irrespective of personal differences, by an orientation to life based on thinking and understanding (at least more so than the population at large).

[11] It is possible to stress either man's aspirations for rational, progressively more complex understanding, or his regressive striving toward denial, confusion, and belief. Freud emphasized both. However, in relation to analytic treatment he seemed often to have leaned toward a greater emphasis on the regressive component of the dualism. Thus, Freud ' is alleged to have said, however we try to treat the patient, he wants to treat himself with transferences ' (Gill, 35). While this is often true for everyone, and always true for some patients, there are many others who *want* to be treated by interpretation alone. Since psycho-analysis has focused principally on the patient's ' resistances', this important fact has either been overlooked or has not received much attention. In addition to one's clinical experience with such persons, the most obvious theoretical argument in support of the importance of many persons' wish and readiness to be treated by the primary model technique could be said to lie in the very development and existence of this concept and technique. After all, are we not justified in regarding all such human achievements as reflecting corresponding ' needs ' ?

[12] Compare this with the scientific position according to which ' pure science ' aims only at discovering ever more about how nature works. In so far as this knowledge is applied in order to gain some practical advantage in daily living, it is considered no longer ' pure science ' but ' technology '. Perhaps the devaluation of applied science derives from the deeply felt appreciation of the potential dangers inherent in it. Certainly, Freud's emphasis on the need to protect the patient from the influence of the analyst's ' personality ' reflects this awareness in the sphere of the science of human interaction. In the following passage, for example, Freud explicitly disowns any specific therapeutic goal which might be set for the patient in the name of analysis. (So-called ' practical ' solutions for problems of living are always derived from implicit philosophical orientations about human values, professions, marriage, child-raising, etc.) ' Our honoured friend, J. J. Putnam, . . . must forgive us if we cannot accept his proposal either, namely, that psycho-analysis should place itself in the service of a particular philosophical outlook on the world and should urge this upon the patient in order to ennoble him. I would say that after all this is only tyranny even though disguised by the most honourable motives ' (34, p. 399). Clearly, the only legitimate goal in Freud's mind was that of discovering and imparting knowledge and understanding to the patient. Greenacre has recently re-emphasized this important point. She states: ' Freud emphasized that his own interest in the truth, in his case his original interest in the " living pathology " of the patient, was the greatest therapeutic safeguard to the patient; and this seems to me so basic and so sound that I think we should consider it in setting up or planning to set up any system involving a review of results of treatment. It seems to be so simply true as to be elusive, that the worker whose goal is the essential verity of his scientific work may in some instances take unnecessary detours of exploration, but by and large will contribute most to the science and to his patients ' (43).

[13] My thoughts on this matter thus derive from (therapeutic) analytic work with psychiatrists, physicians, other professional people and students who were more or less familiar with psycho-analysis and who had varying inclinations towards scientific work, and from reading and thinking about the nature of human interaction. ' We now realize, with special clarity ', said Einstein, ' how much in error are those theorists who believe that theory comes inductively from experience. Even the great Newton could not free himself from this error (" Hypotheses non fingo ") ' (16, p. 72).

[14] If the analyst plays any rôle in the life of the analysand other than that inherent in the analytic situation (primary model technique)—to that extent his influence on the analysand (and *vice versa*) will rest on processes other than those of psycho-analysis (science). The fact that the training analyst often does play such a non-analytic rôle (e.g. determining the trainee's progress and acceptance as an analyst) has been held by many as the chief complicating factor of these analyses. I think a consistent application of the principles inherent in the primary model technique necessitates that we recognize such 'real-life' situations for what they are; that is to say, they are not 'analytic', which, however, does not mean that they are necessarily 'bad'. At this point *value-judgements* enter into the situation, for the solution of which scientific considerations may be of little or no value. Here again an analogy with physics presents itself. The analytic situation proper might be compared to creative work in physics, such as the work leading to the availability of explosives or nuclear energy. The so-called 'real-life' interactions between analyst and trainee (or the whole matter of selection), on the other hand, may be compared to the physicist's participation in social and political 'real-life' matters, such as how to use (or not use) nuclear energy.

[15] Cf. A. Einstein: 'But science can only be created by those who are thoroughly imbued with the aspiration towards truth and understanding' (17, p. 26).

[16] A further remark on the complementarity of ultimate and intermediate aims in science (and in analysis) must be made here. We say that the final goal of science is ever-increasing understanding, and potential alteration, of the observed. This statement, although valid and commanding wide agreement, is so general that it is of little value in telling us anything specific about a particular branch of science. Thus we cannot dispense with the specific, operational descriptions of nuclear physics, or organic chemistry. In these fields we describe our aims by notions such as wishing to find out about the mass and electrical charge of elementary particles, or aiming at the discovery of the structure and synthesis of complex molecules. Similarly, in analysis, the notion of the 'scientific attitude' as an ultimate goal of the process cannot take the place of such explanatory concepts as the resolution of the transference-neurosis. Clearly, both the value and shortcoming of the concept of 'understanding' derives from its being abstracted out of a specific situation (analysis, special branches of natural science). But only in this way can we achieve the necessary psychic distance from our work which enables us to be 'scientific' in relation to the very activity in which we are engaged.

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COMMENTS ON THE ANALYTICAL SITUATION[1]

By

NILS HAAK, STOCKHOLM

By the word ' comments ' in the title I wish to emphasize that I make no claim whatsoever to describe the analytical situation as a whole. Instead, I have selected certain features in this situation which during the course of years have seemed to me practically and therapeutically significant. I shall also refer to opinions expressed in the literature which I consider to be of value and which coincide with my own experience. Although the aspects which I intend to deal with are on the whole generally known or have been described previously, yet it has been my experience that several colleagues overlook or are unable to utilize the significance and the practical scope of a number of phenomena which as a matter of routine should be the subject of careful analytical treatment. If this is neglected, as is not unusual, the analytical results reached are often inferior to what would otherwise have been the case.

Several of the aspects to which I shall later refer have impressed themselves upon me, *inter alia,* during analyses of a number of cases which had been treated previously by one or several other analysts; also as a result of the fact that during the last couple of years I have controlled a relatively large number of analytic cases.

The ordinary analytical situation is as follows: a person who is suffering from difficulties, which are considered to be wholly or to a great extent of a psychological nature and which it is not or has not been possible to overcome in a simpler manner, consults a psycho-analyst, with whom he must not have any personal relations, and who holds out the prospect of the desired help. It is presupposed that the person in question—the analytical patient—can and will submit to a certain routine which forms an essential part of the therapeutic system to which the helper adheres and in which he is considered an expert, namely classical Freudian psycho-analysis. Traditionally this routine involves the patient's visiting the analyst regularly at the latter's place of consultation at least four, preferably five, sometimes six times per week at hours previously agreed, and that for this attention the patient himself pays the analyst for the pre-arranged consultations, which generally last for 50 minutes each. Furthermore the patient should, if he can, lie on his back on a couch with the analyst sitting out of sight behind him. The analyst should do nothing during the consultation except listen to the patient with free floating attention or inattention, as Jekels (21) puts it; he should also learn ' to listen with his third ear ' (32) and on rare occasions permit himself to speak with his ' second mouth ' (25), but in general and above all should devote his attention to interpretations of the patient's material, or preparations therefor. All other psychotherapeutic activities are undesirable; in any case they should be regarded only as emergency measures (parameters) (7). The analyst's attentive and dispassionate study of transference and counter-transference forms the basis of the analytical interpretations. These effects regularly occur in the artificial and unreal situation (34; 18, p. 684) which is deliberately created so that the play of forces may begin which is the prerequisite for a successful psycho-analysis and in which the re-activation of the infantile conflicts is a *conditio sine qua non.* There are some legitimate (7) and far too many illegitimate exceptions to this ordinary analytical situation.

Veiled Transference

The basis of the analytical interpretations is thus the study of transference and counter-transference manifestations, which regularly occur in the artificial, analytical situation, and whose systematic and penetrating study is the essential in psycho-analytical treatment as compared with other psychotherapeutic systems.

Sometimes we hear that, although so many months of an analysis have passed, no transference has yet begun, or that the patient shows no signs of it whatsoever. It is also not uncommon for patients, who have read or heard about the transference phenomena, to ask themselves or the analyst with surprise why they have not yet experienced any transference. (By ' transference ' I mean here that the analyst becomes the object of feelings and thoughts of an irrational nature which are related to the patient's infantile situation.) It might be replied that the transference was already there; the patient brought it with him from the moment he entered the consulting room for the first time (22, p. 338). Actually a kind of preliminary transference was formed even when the patient began planning to be analysed by a particular analyst. On several occasions I myself have obtained evidence that the transference from the future analytic patient was already in full play during the first telephone conversation. This idea, that transference has not yet started, either implies that the patient still has too great resistance against the transference becoming conscious, or resists its disclosure to the analyst, or that the latter has not yet succeeded in coming to grips with the transference. These views also apply at later stages in analyses in which considerable transference material has already been revealed, but certain sectors of the transference are still veiled.

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[1] A revised version of a paper read before the Swedish Psycho-analytical Society on 3 March, 1955, and the Danish Psycho-analytical Study-Group at the Psychiatric Clinic, Copenhagen, on 14 May, 1955.

As Glover (17, 113–115, 136) points out, activity and in any case great attention on the analyst's part is often called for to detect the transference, which may conceal itself in or behind seemingly unimportant incidents in the analysis, most frequently of an obviously realistic nature.

One can lose many situations of significance for the analysis if one allows such material to slip through one's fingers. Exactly in the same way as a student in histology, one must learn to distinguish the vague structures in the analytical microscope, *inter alia* by improving one's counter-transference instrument (30), whose sensitiveness has probably not yet been sufficiently recognized. I have seen how my candidates, whom I have systematically trained to observe these veiled transference reactions, not least by training their own counter-transference instruments, have been able successfully to carry through their patients' analyses, despite their lack of experience, in many cases where I myself at the beginning of my career would have groped wholly in the dark owing to the fact that these aspects were not then available. When one has once really learned to see these veiled transference reactions, one can obtain examples of them daily.

The following are some specimens of what I mean by veiled transference.

(i) When I returned to my practice in Stockholm after a few days' absence to visit Dr. Zilboorg's seminars in Copenhagen, a candidate who knew the object of my journey asked what kind of a time I had had in Copenhagen. I did not take the question at its face value, but treated it analytically. After a number of resistance manoeuvres he admitted that he hoped I had had a dull time; this as a revenge for the fact that I had abandoned him. At that moment of the analysis he was in a sensitive, infantile son–father relationship to me and had experienced the short interruption in his analysis as a frustration.

(ii) Another analysand would not let me finish my sentences, but always had to interrupt me before I had said my say. It took quite a long time before I got down to solving the question. This proved that the interruption of my speech was a defence against his fear of being influenced by me, according to the principle: ' Attack is the best form of defence.' In a deeper sense, to be influenced by me meant in a feminine way to be made pregnant by my thoughts. Thus it was a question here of defence against his passive, feminine transference to me.

A powerful ' manly ' handshake, upright position, and determined stride may have the same background.

(iii) At a fairly late stage in an analysis of a female patient, I pointed out to her that she shook my hand very limply when we met. (I always shake hands with my patients when they enter and leave the consulting room, a habit common in Sweden.) It eventually came out that she was afraid that I would press her hand if she pressed mine first. Her father did so. Further associations and elaborations showed that behind her anxiety that I would press her hand was a desire to be exposed to a sexual, sadistic attack by me—a father-transference against which she thus defended herself.

(iv) Another female patient had a cold. During the consultation she asked if I intended to refrain from my habit of shaking hands with her when she left. What was the real object of the question? It was that if I did not offer her my hand when saying good-bye, I was afraid of being infected, and was thus cowardly and weak like her father. Here we have a case of a veiled father-transference, hidden behind an apparently realistic triviality in the contact between the analyst and the patient.

(v) On arrival in the consulting room, a male neurotic patient found on the analytic couch a red pencil, which the preceding male patient had dropped from his pocket. After some attempts to suppress his ideas, he put into words the following fantasy: I had tried to rape the preceding patient homosexually, and during the struggle with him the pencil had fallen out of his pocket. He had intended, however, to use this pencil to write a report about my indecent behaviour which would later be handed in to the authorities. In the Swedish Psychoanalytical Society on 3 March, 1955, this example in particular gave some of those present an opportunity to discuss the following possibilities: that it could be a question of extracting artificially deep material from the obliging patient, of provoking from the passive patient an obliging attitude towards the analyst's need to dramatize the analysis. This view seems to me to support what I said in my introduction: 'It has been my experience that several colleagues overlook or are unable to utilize the significance and the practical scope of a number of phenomena which as a matter of routine should be the subject of careful analytical treatment.' His fantasy was overdetermined: firstly a projection of his own passive, feminine wishes; at another level an expression of his oedipal aggression. The previous day the patient's wife had spoken of me with approval, and now he felt a need to cause my ruin.

(vi) A female patient thought she had observed that I had to sit with my legs apart and lean back in the analytic chair, also that I walked with my legs wide apart. After obstinate resistance the patient disclosed a fantasy which she had had for a long time: I had such a gigantic penis that I was compelled to keep my legs apart in this way. Most men had a small penis, but I had a penis as gigantic as her father's, and one must be torn to pieces by such a penis. Her entire fantasy was accompanied by a horror-filled desire.

(vii) Contrary to habit I advised a male candidate to read a special article in the *Dagens Nyheter* (an important Swedish newspaper) for a certain purpose. After a few days the analysand returned and asked whether it really was in the *Dagens Nyheter* that the article had appeared. He had looked for it, but had been unable to find it. I felt in my counter-transference that a problem was hidden here, and made further inquiry. Eventually it came out that the patient was convinced that I had confused newspapers; it was surely in the *Stockholms-Tidningen* that the article had been published. But the fact of the matter was that I, his analyst, had now begun to be so old and senile that it was pretty easy to understand that I was incapable of remembering which newspaper it was. This was a case of father-transference, a need on the part of the patient, who was becoming more and more released from his passive attachment to me, to defeat and eliminate me—the formerly terrifying father-imago.

(viii) Shortly after the analysand—a candidate—had lain down on the couch, for once he produced a throat tablet and began to suck it. It was felt in the counter-transference as an aggressive gesture against me. I pointed out to him that he was sucking a tablet. His first reaction was to say that it was only natural that he was sucking a throat tablet, as he had a cough. [He staked here on the reality-component which, according to Alexander, is a typical rationalization: to choose from a collection of mixed motives to explain a mode of conduct that which is most acceptable to the ego. This renders possible a repression of other ego-alien motives (1).] Then the analysand got angry and attacked me because I wanted to deprive him of a pleasure, which was all the more unjust, he said, as I myself sat lapping up mineral water behind him. I was silent. After a while he realized the unrealistic nature of the attack and recalled that I had only *pointed out* that he had been sucking the tablet and not forbidden him to do so. Thereafter his entire present transference situation was unveiled, thanks to the tablet; the analysand was now in a serious ambivalence conflict with me, he was competing with me in knowledge and proficiency, he thought sometimes that he was better and more able than I. On the other hand, he was now and then seized by considerable insecurity; he must, for example, consult me about his patients. Superficially his oedipal competition with me was reflected (he had imagined a few days before that I was going to meet his wife at a concert and have an adventure with her); at a deeper level in this reaction his negative oedipus complex appeared, which was his central conflict, namely his passive, feminine, masochistic fixation to me as a father imago and his need to revolt against this attitude. To suck a tablet, as his analyst sometimes did, meant that he himself was an analyst, an adult, independent; it also meant defying me by withdrawing from me in the analytical situation. Also from a conventional point of view, it was an impolite gesture towards me. On the other hand sucking the tablet was an infantile, oral comfort and defence against anxiety; furthermore it was a provocation to me so that I should feel offended and in revenge press him down in a masochistic position, one desired by his infantile, neurotic ego. Finally, his conduct also implied an element of testing the analyst, to which I will refer later. If I had not staked on my relatively weak counter-transference reaction, the whole of this important part of his transference neurosis would not have been ventilated in a manner so pregnant and convincing to him. If I had also suppressed my irritation with the patient on this and other occasions, it might have had an unfortunate influence on my more constant counter-transference attitude towards him.

I have tried to find a formula which would cover the phenomena I have now exemplified and which I will call *veiled transference*. It would read: it is here a question of *an infiltration of unconscious tendencies—transference tendencies—in the narrow realistic contact surface between the analyst and the analysand.*

Such phenomena occur practically every hour. When one has once become aware of them, there are no major difficulties in learning to reveal them, which can often bring the analysis a decisive step forward. On the other hand, ignoring them leads the analysis into an unfruitful stage. It is certainly important to time these interpretations carefully and adequately.

Several cases have come to my knowledge in which, for various reasons, such veiled transference fantasies of essential importance have not been revealed by previous analysts. Some of these reactions can be called *pseudo-realistic transference reactions.* In these cases one must not be caught by the patient's occasionally very clever rationalizations. These can always be produced, and they are sometimes very insidious. (Remember Alexander's definition of rationalization.)

Glover (17, pp. 127, 133) points out that patients always lay counter-transference traps for us for unconscious defence purposes; they always try to allocate to us one of the parts in the infantile dramas they need to enact. I would add: the important thing is that certain patients are extremely clever in allocating to us such parts. They provoke us in the most subtle manner. A number of patients have an almost uncanny ability, with a sixth sense, to divine our weak points and to attack them with great effectiveness. Others are specialists in driving us into a mutual, affective involvement, a kind of confused web of transference and counter-transference which Alexander (2, pp. 690–691) has compared with a *folie à deux:* as soon as the consulting room has been warmed up by the patient's emotional reactions in the transference neurosis, the analyst will easily react in accordance with his own unsolved attitudes and personal peculiarities; in unexperienced analysts one will meet strong, easily observed reactions; in trained analysts more subtle ones, because of a well-developed defence system. As a rule, however, the patient observes his analyst's neurotic reactions, and, if the situation is not cleared up, one can get what Greenacre (18, p. 683) calls a *contamination of the transference.* It may occur that 'the patient automatically does not dare to think of certain things, which he unconsciously feels would cause him to be unacceptable to his analyst. Such deletions from the analysis only turn up on re-analysis or in a negative transference reaction which crops up after the termination of an analysis.' Such a contamination of the transference can easily occur if the analyst deviates from the narrow path of neutrality.

The Analyst's 'Human Feelings'

It is for this reason that all talk about maintaining 'human', 'natural' relations with the analysand (8, p. 74) causes me to raise my eyebrows. Freud himself (12) was very sceptical: 'I cannot recommend my colleagues emphatically enough to take as a model in psychoanalytic treatment the surgeon who *puts aside all his own feelings, including those of human sympathy. . . .*' '*This coldness in feeling* in the analyst brings the greatest advantage to both persons involved. . . .' (my italics). Whether 'human' relations mean slackness, lack of control over the counter-transference, an acting out of an uncontrolled need to be the kind mother, the forgiving, helpful father (31), or whether the 'human' attitude involves an effort to bribe or appease the patient so as to prevent him from releasing his unpleasant aggressions against us, or if it is some kind of reaction-formation or defence against our own aggressions; in any case there can be much trash concealed behind this need to deviate from analytic neutrality, which is fully noticeable to the patient's unconscious, even if made in a subtle manner. This does not mean of course that one need be stiff and formal or maintain any kind of compulsive ritual. But, on the other hand, it does mean a very strict observance and a continuous control of one's own counter-transference attitude (36). In this respect I believe—and not only believe, I know—that many offences are committed, and have been committed, really detrimental to the analytic work. A pronounced friendliness towards the patient can, especially if it reaches a somewhat warmer temperature, have deleterious results; it can for instance definitely lock an analysand's aggressive inhibitions. A former patient of the late Dr. S., a specialist on aggression, has told me that it was impossible to get angry with the kind, sick old lady, however much she invited it. Another case: a former analysand of Fenichel, who himself in his technique book propagates for and points out the importance of 'humanity' in association with his patients (8, p. 74), has said that she was never able to tell Fenichel what she thought about his looks. Telling him so might have made him unhappy. I suppose all of us could contribute similar examples. We must therefore constantly be on guard to avoid such deletions from the transference material of our patients.

The Emotional Stress on the Analyst

The strong emotional stress which the transference may often imply also for the trained analyst should not be underestimated. The myth of the analyst's peculiar, exceptional, psychic harmony must be referred to the realms of fiction. There is no reason to believe or assume that analysts are better armed against emotional stress than other persons of a similar professional status, rather the contrary (17, pp. 4–5, 88–90, 92). Hendrick, for example, says that the treatment of the transference-neurosis distinguishes clearly between the well-trained and the untrained and ' it tests the skill of the best ' (19). It must be remembered that the patient always takes his own re-enactments in the transference-situation at face value (17, p. 89). Few of the parts which the analyst is given by the patient satisfy the former's narcissistic needs. The analyst cannot entirely avoid taking the situation personally. He must try to endure all the repugnant and painful ideas which the patients project on him and which may strongly oppose his ego-ideals. He should not be oversensitive to this material, but neither can he be immune to it. Immunity implies a defence attitude. Refractory cases in particular, or cases with long-term negative and dull transference periods, can be a hard blow to the analyst's narcissistic, omnipotence need, which has perhaps not been sufficiently analysed (17, pp. 89–92). The integrity of the analyst can be put to hard tests here. ' Nothing is easier for the conscious ego of the analyst than to suppress, and for his unconscious ego, to repress, the antagonism aroused by the patient's defences.' There may be an inclination to allow difficult interpretations to pass by, to gloss over the interpretations of negative transferences. The silence may be an expression of an aggressive counter-attack against the patient (17, p. 98). It is particularly trying if we do not receive any assistance from the patient's mature ego in our interpretations of his infantile acting out.

Glover (17, p. 106) says that ' the analyst's own difficulties may be effectively concealed by the fact that he is a psycho-analyst.' ' At least some prospective analysts are attracted to the science by this intellectual shelter from inner difficulties.' Some candidates never pass further than their transference-neurosis; they conceal a negative attitude towards the analysis and the analyst and hide their resistance. This can be a serious difficulty for them in their analytic work.

' Nothing is more devastating to the work of analytic groups than the existence of a hierarchy of post-analytic transferences. . . .' There will be ' a tangle of residual transferences . . . leaving the members in a state of concealed ambivalance to each other ', says Glover (17, p. 107). Not always so concealed, one is inclined to comment!

The Patient's Magical Demands

I wish now to transfer to another important component in the analytical situation, namely, what in Vienna was once called *der Genesungswille*, the will to recovery. Here Nunberg has made some lasting contributions (26, 27, 28). The line of thought is that the doctor is given an omnipotent part; he becomes priest, sorcerer, god. Nunberg mentions Simmel's evidence that the doctor has his own subjective needs which correspond to the part the patient gives him. The unconscious needs of the doctor and the patient, in our case the analyst and the analysand, coincide. The sick patient needs magic protection, and the analyst needs to give it him. Now, in addition to this, there is something extra in the analytical situation, which strengthens the patient's regressive tendencies and which has been excellently described by Macalpine (24). In this respect I will particularly indicate the couch.

To make a small digression to the couch, whose dynamic meaning I do not believe has been sufficiently valued, I consider that it, together with free association, is one of Freud's brilliant discoveries. The traditional conception of the importance of the couch, which is quoted for instance in Fenichel's book on technique (8, p. 23) and which Freud (13, p. 354) created, indicates the muscular relaxation, the patient's better concentration on his thought-content, etc. These I regard as less important aspects than the powerful regressive factor which the couch involves. Lying down implies, on the one hand, being a child, on the other being sick, helpless, defenceless, female, passive. Furthermore, the most important means of contact with the outer world, namely the visual object-relation, is broken off as the analyst sits behind the patient. The contact is exclusively maintained through hearing, and this stimulates infantile fantasies. All this has a strongly affective meaning, the dynamic character of which can be revealed, if for some reason the regression should go too deeply. At least in three cases I have, as a technical stratagem when the patient's ego was about to lose control completely and be submerged with chaotic and unruly id-impulses, immediately advised the patient to leave the analytic couch and sit on a chair opposite me at my desk. In all three cases the effect was striking. It was another and entirely reasonable person I had to deal with, no longer the troublesome child that I had just before with much difficulty tried to help. By making the patient sit up, a major part of the regression was instantly removed. My cases concerned obviously neurotic patients. I have observed the same phenomenon in some analyses, which I supervised. These were almost 'border-line cases', which were continually threatened by too deep regressions on the analytic couch. (After completing this paper I found that Worden has had the same experience. Cf. Frederic G. Worden: 'A Problem in Psychoanalytic Technique', *J. Am. Psychoanal. Assoc.*, **3**, 1955, p. 269.)

We now return to the magic expectations, which Nunberg considers an essential part of the 'will to recovery'. The strong regression, which takes place in the analytical situation, and which is really a necessary condition to enable this situation to arise, is promoted by a number of factors, not least the couch. The regression actualizes in the patient the early stages in his ego-development, described by Ferenczi (9), in which the magico-religious world picture is predominant. It is a phase which arises after the first animistic phase, when the child or the man ascribes all power to himself. In the second phase, omnipotence has been relinquished to the gods or the parents, but not completely. Something is left, namely the ability to influence the powers and to direct these according to one's personal wishes. Even Ferenczi realized that the neurotic regressed not only libidinally, but also in respect of his ego-mechanisms. Nunberg, too, emphasizes the same regression in the ego which occurs in neurosis, amounting to the demand by the patient that his wishes and expectations be fulfilled in a magical manner. The omnipotence and omniscience of the parents are the result of the projection of infantile megalomania. On the other hand the parents are in reality powerful, just as the doctor or the analyst also are powerful, because of their knowledge. This reality makes it easier for the patient to transfer his own omnipotence fantasies to the doctor. Nunberg stresses how tempting it is for the doctor to allow himself to be placed in the part of a god-like, omnipotent person which has been given him by the patient. To be allowed to play this part is in many cases one of the most important determinants for the choice of the medical or analytical professions (see Simmel). Thus the relationship between doctor and patient, and patient and doctor, becomes mutually satisfactory.

However, it is a fact that the patient by recovery means something different from the doctor, namely to have an assortment of his wishes, impulses, expectations, hopes, etc., satisfied. Even Freud (14) pointed out that when the transference began to operate the need of recovery, the rational element, lost importance while the transference became the predominating interest. Nunberg also points out that the rational will to recovery is very weak and scarcely dynamically active in comparison with the infantile need to have the magic demands realized.

There are also other aspects to the patient's demands on the treatment, which have been particularly pointed out by Bergler (4, pp. 22–24). There are, says he, one conscious reason and four unconscious ones. The first, the conscious one, is obvious: the patient suffers, he is helpless and wants help. The second one is that which Nunberg emphasizes: a fulfilment of the unconscious infantile wishes. The patient is exasperated when the analyst utilizes the transference as a means of destroying just these infantile wishes. In addition, says Bergler, the patient expects the analysis to stabilize his neurotic balance. He does not at all wish to get rid of his neurosis; he wishes to keep it, but he wants help to eliminate his guilt-feelings or, if he is a masochist, the surplus of his guilt feelings.

When the analyst says that the neurosis must be destroyed, the patient's third aim is: 'My neurosis must be improved.' By this he means that he wants to reduce or eliminate his guilt feelings and strengthen his internal defence mechanisms. This is also emphasized by Fenichel (8, p. 26). So far Bergler.

The magic expectations in the analysis are intimately related to the patient's projection of his archaic omnipotent parent-imagos on the analyst (35). If we take the frequency and strength of these magic demands of our patients seriously we can draw a number of conclusions of technical and practical importance, which in my opinion have not been sufficiently stressed in the literature. My conclusions are based on rather extensive material which I am not going to report except by a few examples taken as an illustration of what I intend to say. First, I wish to begin with a general orientation of the set of problems connected with the magic expectations.

We have here a question not only of a wish, but of powerfully charged demands by the patient on the analyst, to represent the longed-for omnipotent magical figure. This implies that the analyst must not be an ordinary human being. It is often demanded of him that he should live in secluded sanctity. It is doubtful whether he eats or has secretions; whether he may drive a car or in any respect occupy himself with ordinary human activities. One of my patients was so shocked and disappointed when she was informed that I owned a car that she was on the point of breaking off her analysis. Having a car did not correspond to her ascetic, infantile ego-ideal which she projected on me.

It can be dangerous to look at the analyst. Many patients dare neither look at their analyst nor at his consulting room until perhaps after one year of analysis. If the patient should happen to see his analyst out of doors without being prepared for it, he may have an attack of anxiety. Compare this with the emphasis in certain religions on the danger of seeing the Holy One. One is blinded by the light surrounding God, etc. The patient demands that the analyst should also demonstrate his omnipotence outside the consulting room: he must be brilliant in debate; all must be silenced by his utterances; if he writes an article for a newspaper it must impress everyone. In some cases he must write, for instance, to defend the analysis so that all further criticism is immediately stopped. The analyst must not be interested in money, films, light music, beautiful women, dancing, sport, etc. (In some cases the demands may change to a totally different key. The analyst must then be the greatest of all Don Juans, he must have the most luxurious of cars, etc.). Furthermore, the analyst must be famous. It is indeed deplorable if he is not a professor. He must live in a fine house; in some rare instances just the contrary; then there must be something very obscure and queer about him. At one period I wore a dark-blue velvet jacket, and it scored a great success, but by and by there was an epidemic of velvet jackets among my male patients, so I considered it best to stop wearing it. Wearing slippers is no offence; on the contrary it is among the privileges of a magic person. Long hair, unpressed trousers, a worn-out coat, etc., can increase the magic aura. Myths are created about the analyst: he lies on his couch practising Yoga exercises between the consultation hours, he is awake nearly all night busying himself with scientific research, and, at the same time, treating twelve to fourteen patients every day. Also the analytic occupation as such, and the legends which are spun around it, naturally contribute to the formation of highly-placed magical expectations.

Serious complications can arise if the analyst himself is influenced by the demands and expectations of the patient, if the patient's omnipotence fantasies coincide with his own unsolved ones. A candidate (student in training) reacted with anxiety when his patient criticized his humble consulting room. This was a result of the analyst's own insufficiently treated omnipotence-demands. As stated before, here the choice of profession is often involved as a determining factor.

In many cases the patient has the idea that the longed-for magic help will not be given unless certain conditions are fulfilled, for instance, unless a sacrifice of some kind is made. Here we can compare with the religious demands of fasting, suffering, ' walking in the vale of tears ', ' those who humble themselves shall be exalted ', the parable of the needle's eye. There is a great preparedness for such tendencies in primitive thinking, which is actualized under analysis. Among the conditions which must be fulfilled in order to get the benefit of magic help we can mention the following: to sacrifice three to four hours a day for one's analysis, to make long and often difficult journeys to it, to pay a high fee. A cheap analysis is of little or no value. Sometimes it can be a question of more fantastic things: one patient (neurotic!) once offered to walk barefoot to India to induce me to give her at last the long coveted, but so far absent, magic help. The patient can indulge in fantasies of giving the analyst a great gift after the analysis, possibly everything he possesses. He can offer to take a high degree of some kind to please the analyst; another possibility is to appeal to the analyst's need of love, which can lead women to make sexual invitations and men to some pseudo-positive attitude of admiration. Men can more or less obscurely offer their wives or mistresses to the analyst. ' Nice patients ' can belong to this category.

One way of persuading or forcing the analyst to release his magic powers over the patient is to display during the analytic hours an intense or long-lasting mental suffering which is the subject of continual nagging. This is a clinically important type. For some reason, unknown to the patient, the analyst is not yet willing to give the magic help; there are some unsatisfied conditions which the patient has not yet been able to detect. For this reason the attitude of suffering must be maintained. It appears as if there were some definite quantity which has not yet been fulfilled. I believe that a great deal of the masochistic wailing during the analytic hours can be explained thus. (The possibility of its being a case of testing, provocation, attempts to castrate the analyst, etc., is another matter.) In none of the cases mentioned here does the patient doubt the magic power of the analyst, but he has not yet been able to influence him in the right way. The patient can be driven to more or less dramatic breakdowns in order to influence the analyst to release the magic help; for instance, suicidal attempts or hysterical attacks.

To some patients the most important method of getting the benefit of the magic help is a meticulous, pedantic adherence to the fundamental rule. This can lead to peculiar and sometimes not easily discovered deformations of free association. The analyst either receives veritable floods of chaotic material or it may be a question of a pedantic filigree-work, in which every thread in the analyst's curtain, so to speak, must be accounted for as it comes into view. When the patient adheres to the fundamental rule in this manner, he has the opportunity of placing the whole responsibility for the progress and result of the cure on the analyst in a passive, infantile way.

Patients frequently offer to co-operate with the analyst in order to speed up the magic process. They are willing to submit to various ceremonies, such as the study of certain books, or to go through some ritual which the analyst may recommend. One patient offered to take leave of absence from work for a couple of months in order to give the analysis ' a better effect '. To the same category can be referred the patient's wish to undergo analysis two hours a day, or to present at every visit one or several fine dreams, or—if one allows the patient to record his dreams—to present a whole bundle every day. In this connexion one recalls the patient's usual question at the start of the analysis: ' Is there something in particular which I can or must do? ' Another magic ritual is to make notes at home about the analytic hours. It becomes a kind of sacred annal from which one can receive strength and power.

When later on it begins to dawn on the patient that the magic demands will perhaps not be realized, any analysis where such demands are encountered has arrived at a very critical point where the analyst's skill and power of resistance are put to hard tests. There are two main kinds of reaction. In one kind there may be depressive states which may be of great length and difficulty, even suicidal, and these do not necessarily announce their source from the beginning. In the second kind there are the aggressive reactions: i.e. biting and very often serious attacks against both the analyst's competence and personality and the science of psycho-analysis, in which case the traditional array of historical arguments can be produced anew: criticism of the analytic method, reference to the absence of statistics, doubts as to whether any patients at all have been cured, and so on. The source of these reactions can also in the beginning be completely hidden. Thus it is absolutely necessary, not least for these reasons, that the magic demands and expectations be traced and carefully analysed if the analysis is to be saved. They are often concealed under a pseudo-realistic front. (' After so and so many hours of analysis there ought to be some effect ', etc.). The patient will feel cheated under all circumstances: he has come to the analysis with his magic demands and expectations, he does not get anything of all that he has asked for, i.e. the realization of his infantile wishes, but at best something quite different, in which at first he is not at all interested, namely adaptation to reality, maturity, and mental health. One must expect a rather long phase of working through before the patient becomes ' resigned ' and renounces his original magic demands. If these are not discovered in the analysis and carefully analysed the patient can glide into a stage of resignation and disappointment, where he may come to rest in some infantile position and repress his disappointment and fury under some reaction formation, such as a feeling of friendship, loyalty, or mild compassion towards the analyst.

In my view, a number of the unsuccessful analytic cases are to be found among patients whose magic demands have been analysed and studied either not at all, or insufficiently. These reactions are *much more common and have far more dynamic force than is generally believed.* I ask myself whether they are not a regular ingredient in every analysis.

I have also begun to ponder whether the male patient's passive, feminine transference to the male analyst does not often imply a kind of preparedness to receive the magic help to virility in a sexual way—the analyst's penis being the magic wand which is to transfer power.

Are these magic expectations necessary in the first half of the analysis in order to carry it forward? Otherwise the patient would perhaps be unable to make all the sacrifices which the analysis demands. They are perhaps necessary to help the patient over the *narcissistic* trauma which is involved in the analytical situation. The answer is difficult to find.

Some illustrative examples. A candidate well adapted to reality had at a late stage of his analysis the following experience: I had made some surmises regarding one of his first supervised cases, namely, that his patient would say something special when he left the couch and went to the door at the end of the hour and that, in a particular way, he would make difficulties about the fee. In another case I had assumed that the candidate—my patient—would find certain special characteristics in his patient. These pronouncements were of course pure guesswork on my part. When they proved to be true my analysand—the candidate—experienced this as a manifestation of my magic ability to see into the future. It crept out under strong resistance that he actually felt as though my words had directed the actions of his patients. I had, in other words, the power to influence events in the world. The strength of the ego-regression of this candidate was so intense that his adult ego reacted with anxiety (15). A few days later I made another prediction about one of the patients which did not come true. When the candidate related this in the analysis, he laughed with relief. He now felt that I was no longer omnipotent.

A therapeutic case, which had had a rather difficult course but which had passed on to a favourable terminal stage, indulged in fantasies of buying a fine work of art to embellish my drawing-room as an expression of his great gratitude for the successful treatment. The patient reluctantly agreed to submit this fantasy to an analytic examination. It proved to contain a purely magic idea, namely that of forcing me, by means of the placing of this work of art, to think of him every day of my life, so that he would thus enjoy my constant magic protection (in the capacity of his omnipotent father).

A candidate, a psychologist, said ' How do you do? ' to one of his supervised patients at the end of an analytic hour instead of ' Good-bye ', a slip of the tongue due to the candidate's neurotic transference to his patient. This was such a shock to the supervised patient that he seriously considered breaking off his analysis. After the interpretation was given that the patient had been frustrated in his magic demands on the analyst, he admitted that he had been extremely disappointed. He had been completely dazed for one whole day after the incident. After this crisis, which is typical when a patient's magic demands are frustrated at once and under conditions similar to a shock, as in this case, the transference could be worked through in quite another manner than before. The patient quickly got contact with the way in which the analyst and his father coincided in his emotional life, and it was possible to make a successful mutative interpretation according to Strachey (35). To the patient his father had seemed weak just as the analyst now did. It appeared that the patient had regarded his father as a sick, spoilt child, but these thoughts had been so painful that they had been repressed.

Anna Freud has recently paid attention to the patient's magic ideas (11). She emphasizes that such demands are a danger to the analysis when they remain undiscovered and uninterpreted, which is not unusual. She concludes: ' It makes me wonder just how often the patient's magic belief in us remains unrevealed.'

Testing the Analyst

I now wish to say something about another feature, in my opinion an important one in any analysis, and one which I believe to be an integral part of the analytic process, namely the patient's need to test his analyst and put him on trial. Berman (5) considers it therapeutically very valuable for the patient to be allowed to test the analyst. To experience how the analyst can function realistically and integrally under stress is an important therapeutic factor for the patient. Berman points out that the patient has a need to subject the analyst to an ordeal before he can experience that what the analyst represents in the way of mental health can be taken seriously. This can be compared with Silverberg's opinion (33), namely that the transference is an attempt by the patient to learn through a series of repetitions how to avoid being helpless or powerless in a situation in which he used to be so. It is thus an attempt to overcome and put right an infantile traumatic situation in the present transference situation. French (10) has a similar idea: one must give the patient repeated opportunities for a readjustment in the transference situation. Now and then the patient tries these new attitudes in life outside the consulting room and observes that they have become his second nature. This is emotional re-education.

Jekels and Bergler (22, p 346) speculated as early as 1934 whether the patient's aggressions could be an attempt to test the capacity of the doctor's love, to what degree it can bear a burden.

The analyst can be tested in many different ways, not only and perhaps not chiefly by direct aggressions. He can for instance be tested by trying to frighten him or by refusing all co-operation, by threats of suicide or by enactments outside the analysis. Jacobson (20) says that the patient tries to blackmail the analyst by playing on his guilt feelings. This also is testing.

A usual way of testing the analyst is to try to manipulate the hours, to demand hours other than the usual ones, or to be absent for pseudo-realistic reasons. I would recall a case described by Boehm (6). He took over two opera tickets offered him by an analysand who had been his patient for one whole year. The aspect that it might be a bribe had been worked through in advance. Later it transpired that a serious attack on the analyst was involved. Through this incident the patient had attempted to force the analyst into legalizing a relationship with a prostitute and had degraded the analyst's wife to that class. This is a good example of a testing in which the analyst did not come out well; excusable of course, but not without considerable effects.

According to Greenacre (18, p. 683) there are some analysts who fail in erotic testings by their female patients. Sexual relations between male analysts and female patients are more common, she says, than one would be inclined to believe. The particular test situation into which female analysts sometimes fail is their being enticed by their patients into a motherly protective attitude.

One way of testing and provoking the analyst is, as Glover points out (17, p. 126), to complain constantly that the analysis is pointless, that the analyst is incapable, that the analysis is too expensive and too long drawn-out, etc. In my experience recurrences in a later stage of an analysis are not infrequently testings which, like enactments, can take a violent course.

A typical case of testing:

A female patient, who had been under analysis for eighteen months, was about to break her isolation for the first time for years and make a bus trip in Europe. I believed that I was within the frame of the analytic situation when, after the last visit before the journey, I off-handedly wished her much pleasure and expressed a hope that she would meet some nice men and perhaps have a little flirtation. The patient returned after her summer holidays and related that she had had erotic adventures with a varied assortment of men, among others an Italian bath-keeper at San Remo, a Danish professional cyclist, and a French doctor. The patient, who had two daughters at home of 6 and 8 years of age, was a young, divorced woman, attractive and of good family. Before all this happened she had lived a celibate life for three years. She stated on her return that she was pregnant and designated the San Remo bath-keeper as the father of the child. As I was responsible for her adventures, because of what I had said at her departure, it was my absolute duty, the patient said, to see to it that an abortion was arranged as well as everything else in this connexion. I took the chance of keeping a clear head and refused to play any part in the patient's infantile circus.

I was lucky, and after an unprecedented fit of aggression, which lasted a week, her menstruation returned. Apart from the testing, it was from a dynamic point of view, a question of her sexually-hostile motherly superego which, in the form of stubborn obedience, attacked me on whom she had projected her pleasure ego. At the same time a masochistic experience.

For a period of six months a female patient arrived regularly between fifteen and thirty minutes late. After I had tolerated this protracted testing, the patient came thereafter very punctually.

Examples could easily be multiplied. It is important to understand the significance of the testing to get through it and to interpret it.

Unfortunately, I have no opportunity now of dealing more fully with the question of the patient's need to provoke the analyst on account of masochistic needs ('injustice collecting') (4, p. 143), his attempts to manipulate the analyst's counter-transference, for example, by displaying grossly perverse impulses or serious neurotic recurrences. This is a very important area from the practical aspect, in which the boundary-line of the testing of the analyst is indistinct. There is considerable evidence, not least in analytical periodical literature that these phenomena are overlooked by certain analysts.

The Question of Fees

An important aspect of the analytical situation, perhaps a little neglected in the analytical literature, is the question of the patient's payment of the analyst for consultations. There are two schools of thought among Swedish analysts: on the one hand a stricter line, which I myself now support, on the other a more conciliatory, 'human' line, represented in literature by Fromm-Reichman (16) and implying that if the patient can prove 'valid reasons' for not attending consultations previously agreed upon, he need not pay for them. I myself earlier belonged to this school of thought. I wish to recall Freud's attitude (13, p. 346): 'I adhere rigidly to the principle of leasing a definite hour. A certain hour of my available working-day is appointed to each patient; it is his, and he is liable for it, even if he does not make use of it. . . . No other way is practicable.' Kubie (23) says: 'If the patient were not charged for appointments which he missed, the analyst would in effect be offering him a financial inducement to escape painful sessions, since he could go off and enjoy himself and save money as well.' Kubie considers that there must be a strong, restraining factor which deters the patient from the natural temptation to avoid analytical sessions, as soon as things become difficult.

My own view on the question of fees is that during the three years in which I have applied the same strict rules, I have only had therapeutically favourable experiences of them, and I consider it to be an essential and dynamically important factor in the analytical process.

Below are some of the reasons which have persuaded me to revert to a rigorous system of payment.

(i) The patient regards the analyst as a reliable, integrated person who dares to accept the aggressions which the patient releases against this strict system of payment. The patient learns that the analyst, unlike his parents, does not become frightened by threats of being scandalized. Thus the analyst becomes a good object of identification. It appears that candidates, who themselves have had to follow these rules as analysands, find it easy to apply them to their patients, and the opposite is true of those who are accustomed to something different.

(ii) Furthermore, the patient experiences the analyst as an honest, upright person who dares to defy the general hypocrisy regarding money, which is a relief for the patient. That the analyst dares to take payment, indeed good payment, for all his appointments is regarded by the patient as a sign of healthy self-esteem and appreciation of his own time and qualifications. This becomes a good and realistic ego-ideal for the patient in contrast to his own neurotic one.

(iii) Uncompromising financial demands are among those measures which, for certain patients, are necessary to overcome in the analysis the defence against the patient's repressed, passive-masochistic tendencies. I have had several examples of this state of affairs in my practice. Previously, when I adopted milder measures, I had difficulty in dissolving defence attitudes against such tendencies. The patient was then more easily able to retain a feeling that the analyst was dependent on him, which was an unnecessary link in his defence. The patient now experiences that he has entrusted himself to a strong person who knows what he wants, who will not allow himself to be directed or frightened, who will stand up to various kinds of provocations and testing attempts to which the patient exposes him in this connexion, who lives as he teaches. All this also counteracts the patient's illusion of being in a privileged position—the favourite child.

(iv) By a strict system of payment, the patient is not tempted to test the analyst's patience or to castrate him, or to be absent so as to avoid difficult material, which was Freud's experience, or to remain in bed and be childishly looked after by his family for the slightest cold. I know a patient who finished with one analyst with a mild system of payment because it was far too easy to telephone his cancellations. The patient totally lost respect for this kind and reasonable analyst.

(v) The analysis must involve a sacrifice, otherwise it becomes a matter of indifference in the patient's life. It is deeply rooted in the human mind that what is cheap is of little value and what is dear is valuable. On one occasion, I treated a patient for whose analysis the social services paid, and I cannot recall a worse analytic case. There was no progress whatsoever after two years of analysis. We may well ask what will happen to our patients if the National Health Service should pay the greater part of their fees. (Since 1 January, 1955, there has been in Sweden a compulsory sickness insurance system which awards patients three-quarters of certain maximum medical fees (about £2). It has not yet been decided whether compensation will be paid for psycho-analytical treatment.)

Alexander has somewhere written of a patient who could not be treated for a low fee. The patient violently abused his new, expensive analyst, but nevertheless became healthy.

(vi) A sufficiently high fee makes it more difficult for the patient to relax into a passively dependent, infantile, help-seeking attitude. Naturally a strict system of payment can be masochistically misused by the patient, just like everything else. Patients with such tendencies, however, have as a rule previously used their money in a much worse and more destructive manner than for analysis. It can also occur that a high fee provides an outlet for the patient's otherwise destructive, masochistic tendencies. I have had a case which indicates this.

To succeed in talking the analyst into granting certain favours in respect of the fee can be and, by certain patients, has been experienced as having fooled the analyst.

(vii) A sufficiently high fee, punctually paid, is necessary to counteract the patient's guilt feelings for his aggressions against and demands on the analyst. The patient then has no chance of getting into any kind of humiliating debt of gratitude to the analyst, as he has often been to his parents. A financial favour would give cause for gratitude which binds and fetters the patient. When the analysis is over the patient can be entirely independent of his analyst without feeling a debt of gratitude. The patient also dares to be aggressive during the analysis. " Kind analysts " help to inhibit the patient's aggressions.

(viii) It is important for the analyst's own counter-transference situation that he should not, perhaps hesitatingly, agree to a low fee or accept a loss of income during his normal working hours. If this happens there is reason to ask if there does not exist an unsettled counter-transference attitude on the part of the analyst, for instance that he has guilt feelings; that he is masochistic; that he is in love with his patient; that he wants to bribe his patient to love him; that he is afraid of his patient; that he is afraid of being considered greedy. Furthermore it can be repressed aggressions against the patient which make the analyst ' kind '. He can also play the part of the good, orally generous mother. All this is of great detriment to the analyst's ability to analyse his patient. I have seen examples of how such uncontrolled counter-transference attitudes have had destructive effects on analyses.

(ix) It is not least important that the analyst be compensated for the suffering to which his patients expose him. Too low a fee or too great generosity may easily give cause for aggression against the patients which reduces the analyst's possibilities of analysing them.

Concluding Remarks

Lastly a few words about the *termination of an analysis.* I do not believe that it is possible definitely to dissolve an analytical transference. What can be done is to help the patient so that the transference loses its emotional cathexis. Discretion and tact on the analyst's part is demanded for the achievement of this. It is my opinion that the analyst can never enter a close, natural, personal friendship with a former patient. There are too many latent possibilities of irrational transference and counter-transference reactions. I quote Greenacre (18, p. 684): '. . . the analytical situation . . . more nearly reproduces the demands of the child for a perfectly understanding parent than *any* (my italics) parent-child relationship can possibly approach and is the only one in life in which no emotional counter-demand is to be expected.' It is the analyst who has the responsibility and must show tactful restraint from closer contact.

Unfortunately, I cannot deal in greater detail with a phase in the analytical situation which I, in common with many others, believe will have an ever-increasing importance, namely the counter-transference. By counter-transference I mean the analyst's emotional reactions to the patient's behaviour and his analytic material, above all his transference, not the analyst's neurotic transference to his patient.

Here I would only refer to a few statements which coincide with my own opinions.

Oberndorf (29) considers that many of the unsuccessful cases would reveal on closer examination incorrect counter-transference reactions. Balint and Tarachow (3) say that the psycho-analytical technique has more or less certainly entered a new phase. If the preceding phase was chiefly interested in the analysis of the transference, i.e. the patient's contribution, in the new phase interest is concentrated on the counter-transference, i.e. the analyst's contribution.

Finally, a quotation from Alexander (2, p. 691): ' I am more and more convinced that by learning how to make use of the counter-transference phenomenon in favour of therapy, we shall greatly advance our therapeutic effectiveness.' This conviction is also my own.

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TECHNICAL REMARKS ON THE HANDLING OF THE TRANSFERENCE NEUROSIS[1]

By

S. NACHT, PARIS

Failure in psycho-analytical treatment may come about in various ways. The commonest is when the patient decides to abandon the treatment after a longer or shorter period because it seems to him that he is not benefiting from it. Whether his decision is justified or not, in other words, whether it is determined by a reinforcement of resistances or by valid proof, matters little. The interruption of the analysis under such circumstances undeniably represents a failure for the therapist. This kind of failure can generally be attributed either to errors in evaluating the indications of psycho-analysis for the patient or to mistakes in technique.

The therapist may also decide, for these or other reasons, no longer to pursue a treatment which has been poorly launched or which holds little promise of favourable results. Such failures are indeed regrettable, but the analyst can hope to avoid them when he has enriched his own understanding and, especially, his therapeutic experience. Be that as it may, failure is expressed in either case by a rupture of the patient–therapist relationship, and hence by discontinuance of the treatment. But there are other failures, or threats of failure, which are of a different kind and undoubtedly more serious in their consequences.

In the case we shall consider here, the treatment has been following its course for a number of months or even years, and might go on indefinitely despite the fact that it apparently brings nothing to the patient. The analysis marks time, and turns in circles, without its occurring to either the therapist or the patient to bring it to an end. We recognize here what is called an 'interminable' analysis, the worst form of therapeutic failure and, deservedly, the severest reproach to psycho-analysis. I was, therefore, particularly happy to hear W. Hoffer, at the 19th International Congress of Psycho-analysis (Geneva, 1955), call attention once more to the importance of transference neurosis. It seems to me, as I shall try to prove further on, that it is the excessive development of the transference neurosis which must be held as principally responsible for its interminable character.

Before we turn to the technical domain, it will be useful to recall briefly several theoretical points. A psycho-analytical treatment can become interminable either because the structure of the case itself renders it incurable (see Freud [1937], *Analysis Terminable and Interminable*), or because of shortcomings or errors in technique. Some theoretical considerations, corroborated by observation of facts, are necessary to clarify these two hypotheses. Thus psycho-analytic theory teaches us that the genesis as well as the evolution of a neurosis (and implicitly the result of the treatment) are determined by *quantitative* factors: by the force of instinctual tendencies on the one hand, by the force of the functions of the ego on the other. When the weight of one or the other of these factors falls below or exceeds certain limits, the neurosis—practice teaches us—runs the risk of being incurable. But within the present extent of our knowledge we have not the means to gauge with precision, to *measure* these adverse forces (and this constitutes likewise one of the major difficulties in evaluating the indication or counter-indication for analysis). Nor have we more technical means to act directly on the quantitative element in these forces. It is these facts that render us powerless before certain incurable neuroses. On the other hand, cases prove themselves curable wherever the forces in question are in a *quantitative relationship* that is maintained within certain limits, below which the therapeutic activity then succeeds in obtaining some dynamic and topic, that is to say, *qualitative*, modifications.

It is therefore only when we treat a neurosis belonging to this latter category that particular technical modalities are liable to influence the outcome of a treatment which, though undertaken advisedly, seems nevertheless to become interminable. When a recovery is impossible, it means that the case could not be efficiently treated by psycho-analytical therapy, that the evaluation of the relationship between the forces which underlie the conflicts has not been accurate, and especially that an irreducible disproportion exists between the instinctual destructive, aggressive forces and the constructive forces, the latter being dependent upon the capacity to love. On the other hand, I believe that the cases which are curable, though obstinate under treatment, testify essentially to an extreme difficulty in the liquidation of the *transference neurosis.*

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[1] Translated from the French.

I apologize for recalling here some well-known concepts according to which the transference neurosis, in particular, merely replaces the neurosis in the situation created by the treatment, to the extent that in certain cases the latter may appear cured, ' the new illness having replaced the old one ' (Freud).

But if we recall further that the neurosis itself merely covers up an infantile neurosis, we shall easily understand how a transference neurosis, when it does not permit itself to be reduced, can block the result of a treatment because, having become a massive, global resistance, it opposes the destruction of the infantile neurosis. We are then faced with an interminable analysis. This form of transference neurosis, at least that which is tenacious and irreducible, seems to me, in the same way as I have shown elsewhere,[2] to be the consequence of a disturbance in the transference—counter-transference exchanges. It is in the conscious and especially in the *unconscious* exchanges established between patient and therapist that we must, in my opinion, seek the eventual causes of this troublesome complication of psycho-analytical treatment, and hence the means to avoid it.

I have been able many a time to observe that when a transference neurosis assumes this ineradicable aspect, it is because the infantile tendencies which are expressed through the patient's transference find ample satisfactions in the analytical situation, *even when classic technique is respected.* In certain cases, as we shall see later, technical modifications cannot be avoided. The transference neurosis will take on a serious character, all the more so when it is found possible for the patient's neurotic tendencies to obtain satisfaction in the unadapted attitudes which the counter-transference dictates to the therapist without his being aware of it.

In the one case as in the other, we must be careful not to seek the sources which feed and abnormally reinforce the transference neurosis solely on the patient's side. *It is in the relational ensemble patient–analyst that the transference-neurosis when unduly prolonged draws its force.*

In a general way, as we know, every digression from the attitude of strict neutrality on the analyst's part can render this relational connexion propitious to the establishment of an inextricable analytic situation and then compromise the outcome of the treatment. This neutral attitude is a rule well known to us all. Consciously we think we respect it, but we do not always do so and are not aware of it. Here is an example that is famous, taken from Freud's own *Analysis Terminable and Interminable:* ' In the course of the analytical work, the feeling of making repeated and fruitless efforts is never so painful, never does one have so much the impression that one is preaching to empty benches, as *when one wants to urge*[3] women to abandon their unfulfillable desire to have a penis. . . .'

The acknowledgement of painful feelings, of fruitless efforts, in itself indicates an emotional participation which undeniably departs from the necessary neutrality of the analyst. It cannot escape the patient's notice, and the transference reactions will inevitably be influenced.

But there is more. In the phrase ' *when one wants to urge* women to abandon their desire to have a penis, ' we find the stamp of the analyst's evidently opposed attitude to an unconscious tendency existing in the patient, an attitude which will necessarily provoke in her the reactions that can be guessed (aggressive claims and anxious depression centered on the analyst), indicating particularly that this attitude is felt as castrating. These reactions reproduce and once more cover over the primitive infantile neurosis by a transference neurosis liable to become ineradicable by the very fact that it is supported by the analyst's attitude.

We must ponder over these words of Freud and draw a lesson from them. They should lead us once more to *obliterate our own personal tendencies*, to be prudently wary of ourselves, this being both the cause and the effect of the indispensable attitude of kindly neutrality.

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[2] ' Transfert et contre-transfert ', in *De la Pratique à la théorie psychanalytique.* (Paris: Presses Universitáires de France, 1949).

[3] Italics mine.

Whether our tendencies in relation to the patient are positive or negative, they will always disturb the analytical situation, to the point that even our legitimate desire to relieve and cure must be curbed, as Freud himself has taught us. I mean that it ought not to preoccupy us in the least in our immediate daily work, as it may distort our interventions. Even less should it be perceptible to the patient. To use the argument of ' recovery ' with the aim of making resistances yield, for example, will only reinforce them. The patient need only *feel* the therapist to be preoccupied, tensed by his desire to cure, and the reactions of opposition will at once manifest themselves. When a hostile transference develops it finds abundant fuel and, because of this, there is a risk that this form of transference neurosis may turn into a fixation.

But there is more. This attitude, apparently beneficial—at least in the analyst's intention—may be felt on the contrary as dangerous by the patient so long as he needs the neurosis. And, as a sequel to this, it may provoke in him a reinforcement of his mechanisms of defence, and therefore of his symptoms in general, especially within the psycho-analytical situation.

So long as the fear of castration, for example, has not been eliminated, or at least sufficiently appeased, to disclose the prospect of a recovery can be a source of anguish, making it necessary for the patient to preserve or even accentuate the symptoms. If the patient feels ' pushed ' towards recovery by the analyst, he may build up a castrating image of him, and we shall then see the patient sink progressively and completely into a passive-masochistic attitude. He thus takes vengeance and protects himself both from the analyst and from the ' dangerous ' recovery. The transference neurosis then blossoms forth at leisure. Since such reactions are the result of remarks clearly and deliberately expressed—witnessing nevertheless to the analyst's good intentions—we can understand what the aggressive tendencies, expressing themselves unconsciously and this time in a disguised manner, by the tone or even the content of the interventions, can unleash in the patient. This will more and more reinforce a sado-masochistic (revengeful and protective) position with regard to the therapist. It is in this ground of sado-masochistic exchange that the transference neurosis generally develops. In other words, what would otherwise remain in the transferential fantasy state of reconstruction becomes, through the conscious and even more the unconscious contribution of the therapist, a tangible *realization*.

I believe it to be unnecessary to seek other examples to illustrate these well-known mechanisms. They all bear witness to the danger of creating an inextricable situation, an interminable analysis, by the conscious and unconscious disregard of the rule of perfect neutrality. To respect it to the best of our ability safeguards us to a certain extent against these risks.

So we have considered until now that the attitude of the analyst, when it conforms to the strict classical technique, has, among other effects, that of avoiding the installation of a difficult transference neurosis or one that it is even impossible to liquidate.

But in certain analyses a moment arrives when the attitude of kindly neutrality, indispensable during the first period of treatment which is focused on the work of ' gaining awareness ', gradually becomes more of an obstacle than a help. And after having recalled the imperious necessity of respecting the classical rule, I am led to say now that in the second period of treatment it is precisely a too rigid attitude of neutrality on the part of the therapist that may often be held responsible for the difficulty of liquidating the transference neurosis. Through my own direct experience as well as through control analyses, I have observed that it may be expedient to modify the rule of absolute neutrality to a certain extent, because in adhering to it rigidly beyond a certain point in the evolution of the treatment, the risk is taken that it may turn back against the objective pursued and anchor the patient firmly in the transference neurosis. Often the attitude of absolute neutrality actually loses all effectiveness, precisely because it is taken up purely out of routine. It brings the analyst the comfort which habit creates, but it is also the groove into which the patient settles.

That is why, when a certain amount of work has been accomplished (analysis of resistances, mechanisms of defence, movements of regression), when the points of libidinal fixation have been recognized and traumatic moments have been recalled to the memory or reconstructed over and over again, that is to say, when the work of elaboration has actually taken place, we should begin to see that the subject, virtually recovered, detaches himself progressively from the analysis, reduces his interest in the analyst more and more, while parallel with this evolution he achieves more adapted investments outside the analytic situation.

If this movement has not taken place, it means that the liquidation of transference has met with obstacles—obstacles which will be responsible for the accentuation of the transference neurosis. In my opinion, this is what sometimes happens if the analyst allows the moment when a modification of his attitude of perfect neutrality was indispensable to pass. It happens in the course of certain treatments that the analyst feels intuitively that what had up to now been only virtual recovery tends to become real recovery. But the subject still hesitates to abandon the infantile and fantasy world which is prolonged within the analysis, and to launch out on a path where he will have to confront reality as an adult.

At this crucial point the analyst's neutrality, so necessary until now in order that the subject may reconstruct for himself a better adapted personality, can prevent it from blossoming out, or even compromise it anew. That which had been indispensable for the subject to become aware of himself can become a hindrance to the way in which he *makes himself recognized* by others, to the way he *asserts himself* elsewhere than in the ' no man's land ' which constitutes after all the analytical situation.

Here is a decisive moment which the therapist must feel and catch on the wing. He must know that if he persists too long in merely interpreting the drives, as much aggressive as libidinal, only in terms of his own person, he thus offers them the possibility of expressing themselves indefinitely on a fictional, unreal plane, and unwittingly keeps the subject away from a true contact with objects.

Now it is precisely towards this contact with reality that he must be deliberately oriented, through a gradual, subtle change of attitude, expressed by interpretations which are directed more and more into channels leading away from the analysis and less and less on the enclosed world of the transference. From then on, the analyst will assert himself more, only the better to withdraw from the patient's emotional field. It is this new attitude which will be the element of *crystallization* favouring the *qualitative* transmutation of the mass of forces liberated by the process of bringing the repressed thoughts to consciousness. It is this different attitude in which the analyst affirms his own reality, which no longer lends itself to fantasy investments of the subject, and which will finally lead him toward *real* investments. The time has now come to stimulate the subject to *act now* what he has learned in the analysis, to put more and more emphasis on his *present* behaviour, to keep his attention and interest constantly focused on the way in which he re-employs the healthy forces the analysis has liberated.

The patient has for a long time utilized the neutrality of the analyst as a haven of peace and quietude which has been beneficial to him, but there comes a moment when he will be tempted to use it to cover up his regressive investments anew. If the analyst is not careful, all will then happen as if the work accomplished up to this point were simply wiped out. On the contrary, if at the right moment a desirable change of attitude occurs, this can greatly facilitate the progress of the subject toward a happy liquidation of the transference.

It goes without saying that the change of which I speak must not be purely and simply confused with the ' active ' attitude, formerly advanced by Ferenczi, for we must not confuse passivity with neutrality. This distinction seems to me indispensable. That is why, when I tried to define elsewhere this new attitude—more supple, more subtle, more alive—I termed it a new *presence* against which it may be useful for the patient to clash, to be in opposition, and even to try his strength, whereas the classical attitude of neutrality offers him only an image fashioned essentially out of his own projections.

These different conditions will facilitate, in my opinion, the reinforcement of the ego and, if the process of identification continues to be necessary in order to bring the evolution of the treatment to a close, at least this will be done in a less anachronistic manner.

Furthermore, this new orientation will have the advantage of closing up the sources of satisfaction which the patient finds at hand in the habitual analytical situation: *oral* satisfactions if the analyst's words are invested in this manner; *anal* if the interventions are utilized only to be preserved, retained; *aggressive-possessive* if the analyst is retained in fantasy, possessed and won away from presumed rivals; *exhibitionist* if the material brought and the work accomplished by the subject are intended to seduce the therapist, etc.

To be content to interpret these situations untiringly and endlessly with the customary neutrality is no longer enough to dissipate them. On the contrary, it sustains them. The new attitude aims precisely at stimulating the subject to relinquish an unadapted use of the analytical situation to which he clings regardless of the many insights which the interpretations have given him.

And so the interpretations will henceforth be deliberately reduced and even abolished. The ritual of sessions (which lends itself to upholding in the patient the fantasy illusion of omnipotence and of possession practised on the analyst) will be upset by a change in their rhythm. It will be necessary to space them out, to rid them of their fatidical and unalterable character, and sometimes to substitute a sitting position for the reclining position of the patient. This will give a different character to the dialogue between patient and analyst. In short, an attempt will be made to establish relationships between patient and therapist, at once less rigid and less artificial, and to put them on a new plane, adult to adult. Thus the analytical work will take on for the patient its true significance, which is to be a *means* and not an end in itself. This the analyst will not fail to underline and to demonstrate more firmly than ever.

However, for the new attitude of the analyst to bear fruit, it is of course indispensable that it be not merely a surface veneer but a reality deeply and genuinely felt by him. This poses as always the capital question of the degree of liberty which the therapist should assume in relation to the patient, consciously or unconsciously.

If all goes well in this respect, the analyst will easily find the means of replacing the interpretations which the patient, improperly, now uses only in an infantile and regressive way, by simple interventions, direct and as brief as possible. The condensed interventions which express the substance in a few words, when used advisedly and with the necessary tact, should solicit the subject's attention and interest for everything which does not belong strictly to the analysis and divert him systematically from the analyst.

The difficulty involved in work of this kind lies above all in the tremendous risk of provoking reactions of rejection and abandonment in the patients. As in all delicate situations, technique alone is not enough to avoid this pitfall. It must be complemented by the art and skill of the practitioner.

The risks I have just mentioned lead me now to recall, in relation to the attitude of habitual neutrality, one of the drawbacks most likely to provoke difficult forms of transference neurosis.

I have just called attention to the fact that the analytical situation created by an indefinitely prolonged attitude of neutrality could anchor the patient in his transference neurosis, and this to the extent that one leaves him free beyond what is necessary to find in it renewed possibilities of infantile satisfactions, of libidinal regressions.

But in other cases, those in which the masochistic balance is much more important than usual, we see just the opposite. The same analytical situation provokes and maintains a state of frustration and libidinal dissatisfaction which feeds dangerously the masochism of the patient. The cycle frustration-aggression-passivity-auto-punishment-masochism is covered over and over again and reinforced by the neutral attitude of the analyst, which the patient feels as indifferent, if not hostile. The patient lives out more and more painfully the rôle of victim while he makes the analyst play that of tyrant. This is one of the most frequent and most difficult forms of transference neurosis, which then becomes ineradicable.

Why is this so?

If we leave aside the cases in which the treatment, for the reasons already indicated, ought not to have been undertaken, we can say: the situation of technically willed frustration in which every patient in psycho-analysis finds himself often feeds the masochism present in every neurosis to excess and intensifies it. In cases of serious masochism these masochistic satisfactions may attain such proportions that no analytic work is any longer possible. The situation may then appear hopeless, and often actually is so, because maintaining the climate of neutrality which gives rise to reactions of frustration only serves to intensify the masochism. And on the hypothesis of a reversal of the situation, in which the climate of frustration is replaced by a climate of gratification, we know that such patients, because of the very gravity of their masochism, would not be able to stand it. Either they would withdraw from the treatment (which sometimes happens) or, what is still more serious, they would develop new symptoms of self-punishment. I believe that between these two extremes—rigid maintenance of the rule of non-interference and its total abandonment to make place for a climate of gratification—intermediate solutions can and ought to be found. They imply a less rigid application of the analytical rule and ever more so of the analyst's attitude, particularly in regard to establishing with more watchfulness and suppleness the proportion of the frustrations according to the needs revealed by the personal reactions of this or that patient, and not according to the general principles.

I would like also to call attention to certain cases where the weakened ego is marked by serious traumas, which have been caused when situations of abandonment or frustration gave rise to the fear of bodily dismemberment or castration being particularly strong and tenacious. The patient then has an urgent need for reparation, so unconquerable that only an attitude of gratification could make this form of resistance yield. Without it the analyst will constantly come up against an extreme latent aggression ever ready to be mobilized against him and to thwart his action.

It goes without saying that this attitude of gratification, even when it appears indispensable, should be adopted only with extreme caution and only after much work of interpretation and integration has been done on all the sources of aggressive manifestation which reveal a tendency to recreate a situation of abandonment.

The attitude of gratification should, of course, concern only *certain aspects of the analytical situation.* The therapist will intervene, for example, more frequently and less briefly. He will if necessary prolong the usual time of sessions. He will increase their frequency, thus giving the patient the feeling of ' receiving '.

The difficulty in this situation is that none of this will help much if it does not correspond to a *genuine* affective attitude in the therapist. I mean to say that the therapist must feel, behind the excessive aggression which is endlessly repeated by the patient and which might in the long run arouse weariness and irritation in him, an immense misery calling up in him a genuine feeling of pity. If this feeling is not there, it is to be feared that no action, no attitude that would not be genuinely felt could be really effective.

The sensitivity to frustration of patients of this type has been intensified to such an extent that it is not enough for them to imagine the possibility of the analyst's leniency toward them, as his kindly neutrality allows them to. They need more. It is indispensable for them to *feel* in their analyst an overture, a genuine gift, for the need of reparation (so strong in them) to cease feeding their aggressiveness, and for their aggressiveness to transform itself successfully (even if only partially) into a capacity to love. At the risk of causing a smile, I will say therefore that it is necessary that the analyst *be* kind so that such patients finally succeed in investing him as a ' good ' object.

We have obviously strayed far away from neutrality, even if it may be termed kindly. It is true that it concerns—and I insist on emphasizing this—only exceptional cases.

That taking such liberties with elementary rules of technique has its risks I am fully aware. Modifications of this kind can produce good results only if, above all, the analyst is clearly aware of all the elements of his own counter-transference, and is capable of controlling them and using them advisedly.

It is also in the counter-transference (all questions of technical modifications put aside) that we find the key to many serious transference neuroses based on sado-masochism. There certainly is an expression of aggression when the patient subjectively assigns to the analyst the rôle of tyrant—an aggression which he seems to attribute to him without cause. But one lends only to the rich. . . .

It happens, in fact, that the patient's masochism ends up by awakening some unconscious sadism in the analyst. In a case of this kind, such a sado-masochistic contact runs the risk of creating an indissoluble couple and of making the analysis interminable. Under the cloak of neutrality the sadistic tendencies may pass unnoticed, and then the reserve of the analyst, his silence, the tone, even the content of the interpretations or the choice of the moment when he gives them may become an unconscious expression of these tendencies and thus fulfil the patient's masochistic demands.

I have had occasion to observe other interminable analyses in which, on the contrary, the situation had been the reverse. The patient took advantage of the situation created by the undeviating and rigid neutrality of the analyst in order to treat him sadistically. The liberation of the aggression, which took the analyst as its object, was more and more eroticized. Such a patient can also exploit elements of counter-transference which he has felt or even observed in the analyst—his anxiety, his dependence, even his latent masochism.

In cases of this kind, the outcome of the transference neurosis, and hence that of the treatment, depends less on technical skills than on the deep attitudes of the analyst. I often think that what matters in a psycho-analysis is not so much what the analyst *says* as what he *is*.

This is even more valid when an analysis goes amiss.

Conclusions:

I have attempted to show, in the first part of this paper, how the aim of classical technique (and more specifically the attitude of perfect neutrality which it prescribes for the psychoanalyst) is to keep the transference neurosis as much as possible from overflowing certain limits in the patient, as this is what might make it become ineradicable. The attitude of the therapist must be like a smooth surface offering no hold to an excessive transference.

Then, in the second part, I have sought to show how, when the transference neurosis has nevertheless taken on alarming proportions, we can only attempt to liquidate it precisely by deviating from the attitude of absolute neutrality. Exaggerated use—unadapted in certain cases—or a too rigid respect for this neutrality when the patient's reactions show that it maintains the transference neurosis, may justifiably be held responsible for the interminable character which the analysis may sometimes take.

I would like especially to emphasize the fact that *the transference neurosis does not arise either from a faulty manipulation of transference or from an unfortunate interference with the counter-transference.* There is no autonomy of either. *The transference neurosis is, in my opinion, the result of a particular unconscious relationship established between analyst and patient, and is made up of exchanges*, of mutual reactions in which each, in one way or another, finds certain satisfactions. Without this particular relationship the transference neurosis could not live, or perhaps even be born. The analysis would then stand a good chance of being interrupted by the action of either the patient or the analyst. It is indeed a characteristic of the transference neurosis that it seems hopeless. The protagonists of the drama cannot separate from one another because the movements of transference and counter-transference converge there and provide a certain measure of mutual satisfaction. From this comes the viability of such ties. Certainly each of the two partners brings his share to this curious ' liaison ', but the responsibility rests with the analyst, because it is up to him to watch that it does not develop at all or, if it does, that it is dissolved.

Here the problem of the deep attitude of the analyst is posed in all its gravity. I would like to add a further explanation on the two other points of my paper which touch upon the personality of the analyst.

To begin with, it goes without saying that what I have called ' presence ' has nothing to do with the fact, for the analyst, of ' being present '. For the patient the analyst is always present (sometimes even too much so). His words testify to this as much as his silences. The analyst therefore has no need to adopt new attitudes to show that he is really there, even less to ' disclose ' his presence. I would even say that in most cases and during long periods of treatment he should do his utmost to reduce his presence as much as possible. But certain moments arrive in the course of the analysis when the subject seems to hesitate between the pursuit of new investments, which begin to push him out of the analytical situation, and holding on or returning to those which bind him to his therapist. It is at that crucial moment that the attitude of presence is required, as I said earlier. It implies more than purely technical modifications.

Until now the analyst was, for his patient, part of a world of more or less mythical images, in which the patient relived again his fantasies, his projections, and all that was required by his needs of identification.

The analyst is, right from the start, the mirror (Freud) in which the patient can behold all his own mirages. He is, perhaps more exactly, the vacuum into which the subject projects a whole world dominated by the imaginary. But the moment comes when, if the subject is no longer to cling to this quasi-mythical world, the analysis must cease to be a closed field. The patient no longer feels before him a vacuum to be filled with every possible situation. It is important, if I may be permitted this image, that suddenly the psycho-analyst ' no longer sounds hollow '. He is seated there, he exists, he is anchored in the living reality. In short, he is such as to make all the fantasy images which the patient has tried to project on him flow back of their own accord. There is no more place for them. I will say more. It must almost seem to the patient as though *he did not understand them any more.* They belong to a world from which he has so completely withdrawn that it is as if he had forgotten it. There is no place in his interventions except for real life. And it is henceforth on this field that the subject will have to follow him. It is this attitude of ' presence ' which will ' undo the myth ' not only of the person of the analyst but, through him, of the entirety of a relational world.

Then too, I would like to add a further explanation about this other deep attitude of the analyst, that of giving—I will say even of loving—which the patient must feel to be genuine kindness on his behalf. If I believe this to be absolutely necessary at certain phases of the analysis and *only* for certain patients, it is because I conceive it to be different from the 'availability' of which Shentoub spoke, as well as from this strength of the ego which shelters the analyst from 'vulnerability', as described by Held; different even from the 'emotional acceptance' so well outlined by Bouvet.[4]

Of course, without this profound feeling of sympathy which underlies the 'kindly neutrality' from beginning to end, the analyst–patient relationship would not be tolerable for either and no valid therapeutic work could be done.

But it seemed to me that for *certain patients*, whose particular structures I have already briefly outlined, something more was not only necessary but absolutely indispensable for the liquidation of very serious transference neuroses.

Over and above the sympathy, the lucid strength, the constant and unwavering understanding, these patients feel a need which they cannot give up at any price. It is exactly that of kindness, of love, wholly oriented towards them. This they feel as the only gift possible as a reparation for the harm they have suffered in the course of gravely traumatic preoedipal relationships. The psycho-analyst is the only one able to offer it them, in his rôle of maternal substitute. Without this gift of reparation, it is not possible for them either to reconstruct a personality or to find meaning in their lives. They must find *nourishment* in this kindness and love, and assimilate them, if you like, in order that they in their turn may be able to become 'kind' for themselves and cease, at last, destroying themselves and what exists around them. This, I am more and more convinced, is the essential point. The rest, I believe, is only secondary.

I am far from unaware of all the objections which may arise from such remarks as these, and especially from the risk of error that such a therapeutic plan permits and the consequences that can follow. I know, above all, that such attitudes on the part of the analyst do not appear at his command and that they undoubtedly exceed what one can expect even from the most 'successful' didactic analysis.

It is however none the less true that it is in this aspect of the analytical relationship that there can be found, in my opinion, the explanation why some analysts may cure cases called 'hopeless' or 'impossible' by others, even though the techniques used may be of equal value.

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[4] See *Colloque sur la Fin du Traitement Psychanalytique*, Séance du 19 Octobre, 1954. Societé Psychanalytique de Paris. *Revue Française de Psychanalyse*, Juillet–Septembre, 1954 et Octobre–Novembre, 1955.

ORAL INVASION AND SELF-DEFENCE

By

RICHARD F. STERBA, M.D., DETROIT, MICHIGAN

In her paper 'Negativism and Emotional Surrender', presented at the International Congress in Amsterdam in 1951, Anna Freud pointed out that certain children go through a negativistic stage in their early development. These negativistic children refuse the slightest demand or assistance from the part of their surroundings, because they want to be independent. Such negativistic behaviour might be repeated in pre-adolescence, in adolescence, and to an extreme degree in psychosis. In the case of such negativism any approach on the part of the surrounding persons is experienced as a claim or a hostile attack.

Anna Freud enumerated the explanations given for this type of behaviour, such as early disappointment in the love object, early seduction, temptations by the object, excessive narcissism. All of these explanations she found insufficient to explain this type of negativism. Anna Freud pointed out as an important reason for the negativistic attitude that for these persons love is a loss and not a gain. Love for them means impoverishment and subjugation. In these persons there exists the misconception and fear that to love anyone means to surrender to the object to an extent which would make them lose their own identity and would transform them into the person whom they love. They would thus be 'invaded' by the love object. Anna Freud illustrated this negativism with very impressive case material. One of her cases in particular demonstrated the fear against which the negativism was established as a defence. It was that of a girl who was negativistic as a child as well as when grown up, and in treatment, with one exception, when she fell in love with a musical conductor, with whom she was absolutely 'hörig' (enthralled) so that during this period she followed him everywhere like an appendix of the love object. Here the 'invasion' by the object which is warded off in the negativistic attitude had actually taken place in a love relationship in form of enthralment (*Hörigkeit*). Anna Freud then stated that in observing these patients during treatment one obtains a 'dim perception of the mental process' which underlies the negativism of these patients. It is their tendency to fall back on a complete oneness with the object, which oneness, however, would not lead to an enrichment but to an invasion by the love object with a consecutive loss of the integrity of their personalities. Their negativism then has to safeguard the intactness of their own identity.

Anna Freud's paper has not been published, probably because she thought it too preliminary. In the abstract of it (2) she reported only the clinical observations in a very abbreviated form, not her suggestions as to the deepest cause of negativism. She may have wanted to wait until what she calls a 'dim perception' of the process underlying this type of negativism becomes clearer in the course of further clinical observations. But she referred to this paper when she addressed the Detroit Society in the fall of 1952, and again in the paper which she read in 1953 at the International Congress in London (1).

Anna Freud's paper furnished me with the understanding of some of the difficulties which I met during the treatment of two patients. In turn, the analytic material which these patients offer seems to corroborate Anna Freud's 'dim perception' of the process underlying the negativistic resistance which these patients showed in treatment. Both patients are females in the late thirties; both have been in analysis for a considerable time.

The first patient was extremely difficult in respect of technique, and needed most careful handling as far as the transference was concerned. She was a single child. Her father had died in an accident, when she was only a few months old; she has no memory of him. The mother was a very dominating character, a lady in high society, of considerable wealth and greatly interested in horses. She was absolutely set in her ideas about social position, educational principles, behaviour, mainly behaviour which signifies 'belonging to society'. She had no doubts as to the right set of values, was very sure of what and what not to do, and was determined to teach all this to her little girl.

The mother nursed the child for almost a year. As a little girl the patient was deeply attached to her mother, partly because she was not able to establish another object relationship. She had a long series of governesses, but these did not provide any lasting objects, since the mother soon became dissatisfied with and dismissed every single one of them. The deep and lasting attachment to her mother shaped the little girl's love life in a particular way with which we will not here concern ourselves.

When the little girl was five years old, the mother married again. The girl made an attempt to attach herself to her stepfather and tried to find in him an ally against the mother's domination. But this attempt at an oedipal relationship soon ended in failure. The stepfather turned out to be a very weak person, completely dominated by his wife. The little girl found out very early that the mother had not much love for her second husband, and recognized her almost contemptuous attitude towards him. The mother knew how to prohibit the girl with a strong hand from forming a satisfactory relationship with the father.

The attachment to her mother had not only the most important influence on the patient's love life, but also on the transference which she presented in the analysis. From the first few sessions on she developed a very deep, impressive, all-pervasive love for the analyst. A few details of her behaviour will demonstrate the extension of this transference-love. She developed an irresistible need for closeness to the analyst which expressed itself in a kind of craving for some at least indirect physical contact with me. She took every opportunity to touch objects that belonged to me, for example, my overcoat when it was hanging in the entrance to my office, or to pick up a worthless piece of paper that I had touched with my hand, etc. Sometimes the urge to touch me was almost uncontrollable. This craving for bodily closeness could without difficulty be recognized as a repetition of her infantile desire to be close to the mother. In the first part of her analysis it was an absolute necessity for her to know where I was going, when I left town. If I did not give her the possible minimum of information she was thrown into utter despair and unbearable anxiety, as if her lifeline had been cut and she was abandoned and exposed to die. She had an almost irresistible urge to follow me on my trips, and in the beginning of her treatment I had to allow her to do this a few times in order to alleviate her unbearable pain and anxiety. One is reminded of the negativistic patient of Anna Freud's who once fell in love with the conductor and followed him around like an appendage. Hand in hand with this craving for physical closeness with the analyst she showed an intense curiosity about myself, my life, my family. She made all kinds of efforts to find out about me and used all kinds of methods to satisfy this curiosity. In her almost irresistible greed for knowledge about me, which she sometimes actually felt as a sensation in her mouth cavity, she had no hesitation in transgressing the ordinary limitations of the therapeutic situation and even of conventional behaviour. As can easily be understood, the handling of the transference was no easy task with this extremely oral character. The slightest restrictive admonition she experienced as a total rejection which threw her into utter despair with suicidal tendencies. It was necessary to steer skilfully between an at least somewhat permissive attitude and the most cautious restraint. To gauge how much restriction she could stand was no easy task and required much empathy and intuition.

I do not wish, however, to enter into a discussion of the technical aspects of this case. I want only to depict the oral character of the patient through the medium of the technical difficulty which she presented. Her deep and intense love-transference made her outwardly very submissive. But it could easily be seen that behind this submission she was very controlling and dominating and that her love-tendencies were all-engulfing. It was difficult for the therapist to extricate himself time and again from her octopus-like psychic embrace, which was a repetition of her first oral attachment to her mother. However, behind this obvious absorption of the love object, there was established an adamantine resistance to any real receptivity. This resistance was extended over many areas, but was mostly noticeable in connexion with intellectual perception. She herself called her difficulties in intellectual grasping ‘ compulsive thinking ’. They better deserve the name ‘ defensive thinking ’. She showed a peculiar attitude when something was explained to her, some idea, some theoretical concept, even some relatively simple facts. She then listened with extreme eagerness in order to absorb thoroughly what was communicated to her. Her whole body became tense through her fervour in taking in what was explained to her. She repeated the words silently with her lips while talked to, she made movements with her hands as if organizing the material for easier absorption, in short, she appeared as a most ardent receiver of the message conveyed to her. As if in order to understand even better, she asked for more exact information about a detail which she seemed unable to grasp. When this detail was explained to her, she fastened on to a detail of this explanation which she would like to understand better. At times she repeated this procedure even with this secondary explanation so that she demanded a tertiary explanation. In the end one found out that she did not understand the essence of what one wanted to convey to her in the first place. In this way her eagerness to understand turned out to be a defence against the reception of the idea which one wanted to communicate to her.

The material in her analysis showed that the person against whom this resistance was originally established was the mother. The analysis established that an attempt to resist the domination by her mother was definitely made by the patient between two and three years of age. It took the form of constipation as a rebellion against the mother's anal demands. The mother tried to break the spirit of rebellion with the help of enemas and increased demands of obedience. This overpowering mother was outwardly successful. But the resistance went underground and spread into many areas. Almost everything the patient did in later life was in contrast to what her mother had intended for and expected of her. The patient remained unmarried; she chose a humble profession unworthy of the high social position of her family. She avoided the social obligations so important to her mother, she was a failure in horse shows, and she acquired political ideas which her mother abhorred. She stuck to all this with anal stubbornness. But the interpretation and working through of the anal origin of her resistive attitude, mainly in the form of rebellion against the enemas which the governess had to apply at her mother's command, did not sufficiently change it and did not bring about the expected result. The all-pervading nature of the defence, its ' massive ' character, suggested that it belonged to an earlier phase of development. I had to realize that particularly for her resistance against intellectual perception an earlier than anal origin had to be postulated. This defence was established against the overwhelming oral penetration by the breast.

In almost innumerable dreams of the patient breast and penis were identified. At the same time the idea of being penetrated by the membrum virile was completely inconceivable to her; the mere thought of it threw her into a panic. One can easily understand how severely this impeded her relationship with men. Her whole sex life was distorted by this fear of being penetrated and ' filled out by the man '. But the defence against penetration did even more damage to her intellectual development. Any explanation given to her had for her the unconscious significance of being penetrated by the idea, of being pierced by the concept, of being forced into oral receptivity and submissiveness to the other person, in the last analysis to the first overwhelming object, the mother, or more specifically, her breast. I formed this opinion in analogy to Anna Freud's description and explanation of general characterological negativism. When I explained to the patient for the first time that her defence against receptivity towards ideas was due to their being identified with a breast that threatened to penetrate and invade her oral cavity and her whole personality, she tried to defend herself in her usual manner by not being able to grasp some details of the explanation. But she reacted to it after the hour in a peculiar way. She always had what is called a ' cast-iron stomach ', which could stand even the most indigestible food. But for two days after the explanation her stomach was so severely upset that she had to vomit repeatedly.

During the further course of the analysis it was possible to unearth the earliest manifestation of her resistance against the domination by her powerful mother in the form of an eating disturbance at the end of her second year. With the working through of this early manifestation her ' defensive thinking ' markedly decreased.

The second patient from whose analysis I am going to report was a married woman, the mother of two children. Her neurotic difficulties were manifested mainly in the relationship to her children and in her love life, in which she was unable to find complete satisfaction. Another area in which her neurosis led to considerable difficulties was her social contacts.

I would like to describe first her social impediment. When she attended a party or had guests at her home she was at first very lively and participated vividly in the conversation; she was what one would call ' in the swing of things '. But after a while she began to feel uncomfortable, and soon had to withdraw from the conversation. She felt inferior, because she considered herself incapable of thinking correctly and effectively, became depressed, and left the party as early as possible. At home she often withdrew from the guests to her room. In the course of the analysis it was not difficult to recognize that her inhibition was a defence against aggressive thoughts and feelings which she was afraid she might express if she continued the conversation. It is of interest, in connexion with our theme, in what way her aggression was mobilized at such occasions. If a controversy arose in the conversation she felt forced inwardly to win her point at all costs. She could not afford to be beaten in an argument. She had to defend her standpoint, because for her admission of the superiority of her opponent's argument was equal to complete submission, to utter defeat, even to a complete loss of her identity. In order to avoid an obvious fight in polite society she had to withdraw from the conversation entirely. At times even the ' give and take ' of the small talk at a party was too much for her because of the implications which the ' take ' had for her.

Her aggressive defence, however, became very manifest in the relationship to people who were inferior to her, and to the members of her family. She had to win at all costs in any contact with them. She was constantly on guard against the possibility that someone could ' put something over on her '. Against this possibility she defended herself with the utmost violence. One can imagine what it meant to her children that she had to win all arguments with them and could not suffer disobedience and insubordination. If she was in danger of losing a point in the struggle with a merchant, for example, or the plumber, or the grocery-woman, she became so desperate that her husband had to come to her rescue and win the case for her. Nothing can illustrate better the reason why she had to defend herself so violently against any form of ' defeat ' than a dream that occurred during her analysis after she had lost a minor argument in a social conversation. In her dream ' there was the body of a person run over by a train. The face had been cut off by the wheels so that the body could not be identified. She refused to look at the bloody mess '. I need not point out the castrative meaning of this dream. In connexion with our theme its broader significance is of more importance. In the dream-picture somebody—no doubt the dreamer herself—is ' railroaded ' into something and in this way loses ' face ' and identity. To understand this danger we have to report some material from the patient's childhood.

The patient was breast fed for over a year by a kind but rather firm mother. The patient must have been endowed with insatiable oral needs. She sucked her thumb till she was 12 years old. When she was 5 years old, her mother had another child, a boy. This aroused the intense jealousy of our patient, particularly when she saw the baby nursed by the mother. She pestered her mother incessantly to let her try the breast also. Finally the mother gave in and offered her the breast, whereupon the little girl bit into the nipple so that the mother screamed in pain.

As soon as she gained command of language she developed her resistance against the will and demands of others and started to argue. She was most difficult to handle as a child because of this extreme resistance to any demands, and she remained so throughout her childhood and adolescence. When she came home for the first time from college, she happened to say ' I am sorry ' on some occasion. The family was flabbergasted, for it was the first time that she had apologized for anything. She had always stubbornly refused to do so. All this gives the impression of anal stubbornness. But the most careful search for connexions of anal material with her stubbornness brought forth very little result. Her intense orality suggested another, earlier basis of her defensive attitude. It had to be assumed that her stubborn refusal to ' submit ' in any form was originally established as a defence against oral penetration by the breast or the nipple, a penetration which would result in a dissolution of her personality due to the invasion by the object. In many of her dreams, too, penis and breast were identified. This identification seriously inhibited her sex-life and in consequence of this her whole femininity. There were many instances in her analysis when encouragement in the direction of femininity was answered by a dream in which she was turned into a lifeless mass of protoplasm, or into a dummy with limp limbs that had no personality of its own. The most interesting manifestation of her early defence against submission to the object was a repetitive nightmare which she remembered from earliest childhood and which continued to appear even during her analysis till its oral invasive significance was interpreted to her. She dreamed that ' she is lying in bed when a big, almost gigantic woman approaches her and begins to tickle her, going over her whole body with both hands in rapid motions. The patient becomes completely paralysed as children become when tickled, only more so '. She wakes up in a terror; as a child she sometimes screamed for her father to help her. Although the content of the dream does not refer directly to an oral experience, it is obviously connected with experiences which belong to the earliest period in her life. It presents even in the manifest dream-picture the early handling of the child by the mother, the bathing, the drying, the powdering, the diapering, all passive experiences in which the mother's hands go very actively up and down the child's body. The defence against the wish for re-experiencing this passive pleasure in surrendering to the mother's activity turns it into a nightmare.

As far as it is permitted to take consecutive improvement as proof of the correctness of an interpretation—we know that this proof has only limited validity—I might point out that the demonstration of the oral origin of the characterological defences in both my patients brought about considerable therapeutic results. It decreased their defensive attitude to a marked degree.

As I have mentioned, Anna Freud indicated in her paper that the negativism of her patients could be understood as a defence against the invasion by the object and might be traced back to the earliest union which had for them the significance of an invasion by the love object, i.e. by the mother or her breast. It is ' self '-defence in the truest sense. Something similar seems to be the case with my two patients. With each of them the character traits which we have described seem to serve as a defence against masochistic surrender on an oral-passive level with the consecutive danger of invasion and loss of self.

We know many pleasureful psychic states—normal as well as abnormal—which are based on the early oral fusion with the only object then existing, breast and mother. They range from the everyday experience of sleep, over the oceanic feeling, to the highest bliss and elation of the unio mystica of the saint in ecstasy.

We have extensive knowledge and understanding of the positive experience of the mother-infant dual-unity. Much less is recognized of the negative aspect of this earliest relationship, although Melanie Klein had long ago pointed it out; perhaps the fact that she did this within the framework of her own concepts, which are not shared by many analysts, made her emphasis on the negative aspect of the earliest oral experiences less acceptable. In this respect, Anna Freud's paper is in my opinion of great importance. Established within the framework of classical analysis, it seems to me to throw light on earliest negative oral attitudes, and considerable doubt on Abraham's concept of a 'pre-ambivalent' oral phase. Ambivalence seems to be our endowment from the very beginning of post-natal existence. The fear of being penetrated by the breast or nipple and filled with mother substance, so that it replaces the self, seems to be an oppositional complement to the third part of Bertram Lewin's oral triad (4), namely the wish to be devoured. It seems, therefore, that what Freud calls 'instinctual ambivalence' (3), the appearance of instinctual desires in pairs of opposites, might be already recognized at the very beginning of extra-uterine instinctual life.

At the conclusion of this paper I might present a hypothesis about early defence reaction of the self. The earlier the defence reaction is established the more totalitarian is it in character. Whereas later defences are sectional in their development and application, the earliest and most primitive defences comprise more or less the whole self. The hysterical defence against oral incorporation is more or less circumscribed and localized in a symptom like gagging or vomiting, based on the phallic phase of libido-development to which the hysterical symptom belongs. The defence against oral surrender and invasion on an oral libido level is not localized; it comprises much wider parts of the personality and spreads out over all kinds of experiences which are only loosely connected with the oral area and activity. We thus see a difference in the result of libido- and of ego development. The primitive self, the ego-id matrix according to Hartmann, starts originally with more or less totalitarian reactions in form of massive defence. Its development goes in the direction of more sectional and independent activity and reactivity, in the direction of departmental functioning which explains the possibility of conflict-free spheres in the mature ego. The development of the libido goes in the opposite direction. It starts with independent, auto-erotic activities at the different erotogenic zones and is gradually brought more and more under the successive primary zones so that a libido-*organization* is established, in which the normal and optimal function of discharge is of more or less totalitarian character. In the mature person then we find massive discharge of libido in orgasm, but well departmentalized and restricted defences, in contrast to the massive defence and the relatively departmental auto-erotic activities of the infant.

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A COMPARATIVE STUDY OF PSYCHO-ANALYTICAL EGO CONCEPTS[1]

By

EDOARDO WEISS, CHICAGO

The pre-analytical concept of the ego did not aid in the understanding of normal and pathological psychodynamics. It was Freud's discovery and study of the unconscious that paved the way towards the comprehension of the ego, which was no longer considered the only field of mental phenomena. Only through the comprehension of its relation to the id and the external world could its functions and disturbances be understood. And it was Freud himself who formulated the first theories of the ego as it could be analytically conceived.

The difficulties we encounter in our attempts to compare the concepts and formulations of Freud with those of Federn and other analysts are due to many factors. Freud's ego-psychological and metapsychological concepts developed slowly in the course of his investigations and often had to be modified in the light of the new insights he was progressively gaining. These modifications, however, were not always applied to the whole structure of the previously formulated ego-psychological concepts. Therefore some quotations from his earlier may be at variance with some of his later writings. Again, there is no agreement among analysts on the use of certain terms. Sometimes the same word is used by different authors to indicate different concepts, and conversely the same concepts are often indicated by different terms.

I must also mention another slight source of confusion which we meet with in our efforts to compare Freud's ego-psychological concepts with those of Federn. The difficulty is due to Federn's reluctance to express clearly all his deviations from some of Freud's concepts, so that his readers may be somewhat handicapped in fully grasping the difference between the two writers' views. Owing to his great deference and loyalty to Freud, Federn himself proclaimed that his new findings in the field of ego-psychology and the psychoses were only confirmatory of Freud's theories and reflected only their extended application. He never forgot his debt to Freud, upon whose metapsychological formulations his whole original technical foundation lay as on its bedrock; but progressively he made discoveries about the ego itself to which Freud either was oblivious, or alluded brilliantly in passing but then seemed to forget or lose interest in.

The following may illustrate my point. One of Freud's main tenets concerning schizophrenia is that in this disease the libido, withdrawn from the external world of objects, is turned into ego libido, that is, into narcissism. And when Federn quoted Freud and Abraham, who spoke of the narcissistic character of schizophrenia and of Freud's classifying this disease as a narcissistic neurosis, he never uttered a word of disagreement with this view. On the contrary, he almost endeavoured to justify such a classification, pointing out that the psychoses are actually ego diseases. However, we are missing the clarifying remark in this connexion that 'narcissistic' in the Freudian sense means an excess and not a decrease of ego libido. Yet Federn considers Freud's view regarding the increase instead of the decrease of ego libido in sleep and schizophrenia as one of his few errors.

I should like to start my comparison between Freud's and Federn's concepts of the ego by quoting a sentence from Federn's book *Ego Psychology and the Psychoses*: 'Although Freud's theory of the ego and the id is well formulated, it is not this theory but the familiar phenomenon of the *ego feeling* that proves the existence of the ego' (2, p. 212).

Freud, in one of his latest writings, *An Outline of Psychoanalysis* (8, p. 15), says: 'Under the influence of the real external world which surrounds us, one portion of the id has under-gone a special development. From what was originally a cortical layer, provided with organs for receiving stimuli and with an apparatus for protection against excessive stimulation, a special organization has arisen which henceforth acts as an intermediary between the id and the external world. This region of our mental life has been given the name of ego.'

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[1] Read in a circle of former students and friends of Dr. Paul Federn in New York, 22 October, 1955. I would like to express my appreciation to Dr. David Grauer for calling my attention to some of the literature in this field.

Let us keep in mind the nature of this approach to ego psychology. Freud thought the ego to be a mental structure which was developed by contact between the mental apparatus or id and the external world. In his opinion it was a differentiated part of the id, both genetically and topographically, in analogy with the 'ectoderm' (the ego) blanketing the 'endoderm' (the id). This structure develops in succession functions which enable it to deal with the external world and with the inner instinctual demands. Later, when the superego develops, the ego enters into relation with this mental structure also. These are the three classical relations of the ego.

As we shall see later, some analysts do not agree with this view of the origin of the ego. Hartmann, Kris, Loewenstein and others developed the theory of its independent development. We shall discuss their concept of ego autonomy later.

Federn approached the study of the ego from the most natural direction, basing his concept of it upon everyone's immediate subjective experience. In view of the fact that there is no reality so absolute as each person's experience of his own existence, and that the ego is the core of the personality, it seems strange that Federn's wise approach required a unique act of creativeness on his part. His concept had long since been alluded to in such classical formulas as Descartes' 'Cogito ergo sum'. Federn recaptured such original pre-scientific and prephilosophic meanings from the pronoun 'I' and applied to them common knowledge and understanding as the basis for his studies.

As he emphasized, Descartes' formula implied 'that feeling my ego proves to me that thinking and being are mine' (1, p. 227).

To analysts who had adopted a behaviouristic approach to the study of the ego his discoveries seemed alien. The interest of most analysts was invested in the ego functions and the ego defences. Although they acknowledged that the ego was a structural dynamic part of the mental apparatus, they yet continued to study it as outside observers. Only Federn reinstated the ego in its rightful place as the actual self-experiencing part of the bodily and mental aspects of the personality.

This self-experience, called ego sensation or ego feeling, is a coherent unity with highly mobile, flexible boundaries which have a great capacity for extension, withdrawal, and redirection. It exists in a continuous state of struggle for integration, which requires continuous exertion to ensure mastery and control. The flexible, fluctuating inner and outer boundaries both form and embody dynamically maintained sense organs, which function to discriminate the real from the unreal and the 'I' from the 'Not-I'.

So, while Freud's approach to ego psychology is mainly extraspective, Federn's approach is introspective. The main difference between these two approaches is that Federn's theories are not based on a theoretical, but on a factual phenomenon, to wit, the actual existence of the ego feeling, the knowledge of which is not the result of any theoretical construction. Federn's ego-psychological investigations start with an accurate description of subjective experiences of healthy as well as of diseased persons. The ego feeling is subject to various disturbances which are difficult for the patient to express or describe, and are not observable and not always understandable to outsiders. It is evident that outsiders can never observe the 'Ich-Erlebnis' itself.

Even though these two approaches to the study of the ego are different, nevertheless they can lead, at least in many respects, to the same or analogous findings. In both approaches one is biologically oriented, that is, one considers goals to be attained and the means of reaching them.

At this point I should like to suggest a train of thought which leads to the conclusion that, in Freud's sense, a separate disposition for ego and id development must exist in the mental apparatus before an ego can develop. As a matter of fact, this train of thought is based on his earlier theory of the drive dualism, which he and his followers later abandoned. However, Hartmann and his co-workers came to the same conclusion on different grounds.

The development of one portion of the id, in Freud's genetic description, presupposes that there is a special goal to be attained and that this attainment is challenged or threatened by the conditions of the external world. In that earlier formulation, Freud stated this goal in his concept of the drive-dualism. At that stage he made a distinction between the sexual drives and the ego drives, equating the latter explicitly with the self-preservative instincts. Thus, as he then formulated the drive dualism, the goal of self-preservation can be reached only by way of mastering the threatening stimuli of the external world. And this striving for mastery constituted the motivating factor for ego development. Thus, the admission of two primordial, basically different groups of drives implies a primordial disposition to the development of two separate mental structures, the id and the ego. Contact with the external world could induce an ego development only if self-preservative instincts exist prior to its development.

Let us now consider another point. We assume that during the early development of mental structure the individual has to learn how to differentiate between ego and non-ego. According to Federn, the ego feeling is the discriminating factor. In his opinion it is a matter of sensing how far the ego extends and where the non-ego begins. Federn, as we know, taught us that this sense organ is inherent in the well-cathected ego boundaries and is independent of any reality testing.

We might ask whether any ego feeling could exist before the individual develops the capacity to discriminate between ego and non-ego, whether it is this capacity which gives origin to an ego feeling. In order to clarify, we may use the expressions 'egotized span' and 'de-egotized area' to outline the result of this development. They are the English translations of Federn's terms 'vericht', invested with ego feeling, and 'enticht', divested of ego feeling. It is evident that the area of the primitive mental apparatus, which becomes specialized for contact with and appraisal of the external world, is moved to its developmental performances by the self-preservative drives which exist prior to this structuralization. If we consider ego and non-ego as a pair of opposites, then certainly no 'ego' could be conceived without its opposite 'non-ego', just as the concept of light presupposes that of darkness. But in order to experience one's own existence, it is indeed not necessary to conceptualize something which exists beyond one's self. Federn's statement that the ego feeling is the discriminating factor between ego and non-ego does not hold for the earliest state, in which no ego boundaries have yet been formed, or, in other words, when the ego boundary extends over the whole universe or the whole universe is egotized. Federn calls this stage 'ego-cosmic'; it precedes the ego's ability to discriminate between ego and non-ego. Freud alluded to this earliest stage of the ego in *Civilization and its Discontents*, citing Ferenczi and Federn in a footnote, when he analysed Romain Rolland's 'oceanic feeling' (5, p. 11). Thus, Freud himself implied that the origin of the ego is not necessarily bound to a discriminating capacity between 'ego' and 'non-ego'. How then, we are led to ask, could the ego have been conceived of only as a highly organized outer layer of the id? In Federn's concept the ego does not come into being as a modified part of the id, but has an independent development, which he traces back to a time preceding birth. In fact, his studies induced him to postulate an ego feeling in the unborn foetus while it is swimming in the amniotic fluid. The contact of the individual, I do not say of the id, with the external world causes a successive withdrawal of the ego boundaries, which coincides with a progressive discovery of the existence of an external world. Therefore, I would modify the above-quoted statement by saying that it is not strictly the ego feeling *per se*, but the *ego boundary feeling* which is the discriminating factor between ego and non-ego.

'The ego', says Federn, 'is not merely a concept and not simply a contra-distinction to something else, be it the id or the object representations.' The ego feeling with its cathected boundaries 'enables it to distinguish between the ego as subject and the whole outer world, and also between the ego as object and all representations of objects' (2, p. 212).

We are well acquainted with the metapsychological postulate of the ego feeling, that is, with the concept of ego cathexis, its flexible extension, quality, strength, and function. Federn considered these dynamic conceptions as the 'best argument' in favour of Breuer's and Freud's general theory of mental dynamics which depends on movable or fixed cathexes. We are also well acquainted with Federn's conception of the sense of reality, which is the main function of the bodily and mental ego boundaries. The bodily and the mental ego are separate sensations; the mental ego is felt as being inside the body ego. Federn describes cases in which mental ego cathexis is employed to re-establish a defective bodily ego feeling. As we know, adequately cathected ego boundaries not only constitute the sense of reality but also convey the feeling of familiarity in regard to perceived objects. The cognitive function itself, too, rests on the continuous and prompt ability of the ego to sense what is real and what is only a product of the mind in any single act of thinking. In his articles ‘ Ego Psychological Aspects of Schizophrenia ’ and ‘ The Ego in Schizophrenia ’ he could only sketch the dynamic conditions which lead to falsification of thoughts, to false feelings of certainty, and to errors in judgement. To make Federn’s original approach to the study of the thinking process more comprehensible, more detailed expositions illustrated by various typical examples are required.

In a comparative study of ego psychologies the concept of narcissism is evidently very important. I have the impression that Freud sometimes used the word ‘ narcissism ’ in a somewhat loose way. When Freud published his classical paper, ‘ Narcissism: an Introduction ’, in 1914, he still held strongly to his earlier theory of the drive dualism. I quote a passage from this paper: ‘. . . it is impossible to suppose that a unity comparable to the ego can exist in the individual from the very start; the ego has to develop. But the auto-erotic instincts are primordial, so there must be something added to auto-erotism—some new operation in the mind—in order that narcissism may come into being ’ (6).

During sleep, in his opinion, the libido, which is withdrawn from the external world, regresses to primary narcissism. He also states that in sleep the libido regresses to the state of intra-uterine existence. Yet in his opinion neither ego nor narcissism exists during intra-uterine life. He defines narcissistic libido as that which is invested in the ego itself, yet he propounds that the libido regression of sleep is a regression to primary narcissism. As I have said, Federn mentions this statement of Freud as one of his few errors. Other analysts, Hartmann for instance, changed the concept of narcissism, and if one applies their broader concept, Freud’s formulation of the libido regression to a state of primary narcissism no longer appears as an error. We shall return later on to a discussion of Hartmann’s concepts.

As we well know, Federn asserts that during sleep and in schizophrenia the cathexis which is withdrawn from the objects of the external world does not return to the ego. Instead, the ego itself is drained of cathexis to a greater or lesser degree, depending on the depth of sleep or the profundity of the schizophrenic process. In Federn’s opinion, the libido in sleep is absorbed into the biological organization of the sleeper and as a consequence the libido reservoir is replenished. I have stated on numerous occasions that if we were to accept Freud’s concept of libido regression to primary narcissism during sleep, we could no longer consider the ego as a mental structure in the Freudian sense. However, as we shall see, Hartmann’s concept of narcissism is not bound to the mental structure of the mind.

In *The Ego and the Id* Freud considers the ego as ‘ a coherent organization of mental processes ’. In Federn’s opinion the ego is more than an organization of mental processes; it is the experienced reality of one’s own existence as a coherent unity. Freud writes in the same book: ‘ The ego does not envelop the whole of the id, but only does so to the extent to which the system Pcs. forms its surface more or less as the germinal layer rests upon the ovum. The ego is not sharply separated from the id; its lower portion merges into it ’ (7).

Some discussion is necessary in order to point out the relation between Freud’s point and Federn’s concepts concerning the ego. Federn makes a distinction between consciousness of the ego feeling, which he equates with the ego, and awareness of the various specific mental contents encompassed by the ego. The coherent ego feeling itself, which extends over the preconscious, is permanently conscious in waking life, while only a limited span of the contents within its range becomes conscious in any given moment. The confidence of every healthy person in his ability to behave and to express himself in a coherent way rests on the extension of the ego feeling over the preconscious, which is the domain of the ego. Also according to Freud, the Pcs. is the territory over which the ego extends its activity, but Federn asserts that the feeling of ‘ I-ness ’, that is the ego feeling, is permanently conscious in its entire extension. The presence in the preconscious of the needed data conveys to the ego a feeling of confidence in its performances. In the case of stage fright the ego feels that it does not freely dispose of its preconscious data. I would like here to quote a passage published in Federn’s paper ‘ Ego Psychological Aspects of Schizophrenia ’: ‘ Some people have a narrow mental ego. The productive genius has the greatest scope of mental contents. Convincing examples have been presented to me by writiers, scientsts, and musicians, but none were comparable with the story of Mozart in Prague. Two days before the première of his "Don Juan" he had not yet started to compose the overture. His friends, the opera director, and the orchestra were in excited suspense, while the genius himself unconcernedly enjoyed a gay party. Late in the evening he wrote the music without any later correction; he said that the whole musical score suddenly and simultaneously presented itself clearly to his mind. This is the outstanding and almost unbelievable example of the enlargement of a mental ego, and also proof that the greatest and most complicated production is done unconsciously. Probably some parts of the work had previously become conscious and had returned to preconsciousness' (2, p. 223).

The point I want to emphasize is that the conscious ego feeling extends itself over the contents and productions of the preconscious, and it is precisely because of this extension that one feels at ease and confident only if the needed data become preconscious or develop in the preconscious. They are still unconscious from a descriptive point of view, but not in a systematic sense. As we know, according to Federn our field of consciousness also permanently contains expansions of the bodily ego.

The unconscious integrative activity occupies a central position in the studies of Thomas French on the integration of behaviour (3). In his approach he is dynamically and not topographically oriented. He demonstrated that the unconscious 'overdetermined' meanings of a dream always fit together into a close-knit logical structure which he calls 'cognitive structure'. This cognitive structure is, of course, not expressed in words, but is represented by substitutive, mostly symbolic, images. Therefore the logical connexion of the latent dream thoughts can be recognized only after an accurate analysis of the dream.

Do these findings contradict Freud's thesis that the dream work treats the latent dream thoughts, by means of the primary mental process, with utter disregard for logical connexions? Moreover, if we attribute the function of coherent integration only to the preconscious, which is the domain of the ego, how can we explain French's findings?

We shall better comprehend this state of affairs if we remember that, according to Freud, the dream-wish is formed in the preconscious, although it may never have reached awareness in the ego. It must be precisely here, in the preconscious, that the dream thoughts are arranged into a cognitive structure. As long as this structure remains in the preconscious the ego behaves according to it. In the case of the dream, however, the preconscious dream-wish and the pertinent thoughts, after having been integrated into a logical pattern, regress topographically to the id. In other words, they become de-egotized. Then in the id they undergo a disguise, in which they appear to the dreaming ego as a dream. I would call 'the passing of thoughts through the id' their regression from the preconscious to the id, and then their reappearance, in disguise, to the ego's awareness—in the dream and in psychoses as hallucinations. It is this 'id passage' of thoughts that is responsible for the disguise, particularly for the condensation and for the fusion of the initially preconscious dream thoughts with deeper, archaic, and inherited material. The cognitive structure which can be recognized in the analysed meanings of the dream is, in my opinion, the result of integrative processes to which the dream thoughts had been subjected in the preconscious prior to their 'id passage'.

The divergence between Freud and Federn is more pronounced in regard to the unconscious portion of the ego in the systematic sense. It is well known that Federn discovered that ego states themselves can undergo repression as do id drives. In his description, the stratification of the repressed ego states constitutes the unconscious part of the ego. This concept is new. Although Freud teaches that only id elements can be repressed by the ego, Federn on this occasion pays tribute to Freud. Speaking about the repression of ego states, he writes: 'The permanence of previous ego states extends Freud's concept of ego fixation to the field of normal psychology. Because of its influence on symptom and resistance formation, pathological fixation was recognized earlier than this normal process. But the concept of pathological ego fixation presupposes the concept of succession of ego states' (2, p. 218). Federn's discovery of repressed ego states actually explains Freud's findings concerning ego fixations. Federn did not teach that a portion of the ego merges into the id, and on the other hand he did not mention where the repressed ego states should be localized. As a matter of fact, we are accustomed to localize all repressed contents in the id, but perhaps we must make an exception for the repressed ego states if we consider the id as the reservoir of the drives.

It is worth while to select some passages of Freud's writings on ego psychology in order to clarify the relation between his ego concepts and Federn's formulations.

Freud compares the ego to a rider holding in check the superior strength of the horse but with the difference that the 'ego uses borrowed forces' (7). In Federn's view, these forces are the ego cathexes of different qualities, the biological origin of which is still unknown. We must assume, at least in part, that a constitutional factor is responsible for the distribution of the biologically produced cathexes between the drives and the ego. This is in agreement with both Freud and Federn. However, the question of the borrowed energies with which the ego operates is an important issue that must be discussed in connexion with the concept of the ego's autonomy.

In Freud's opinion, 'The ego is first and foremost a body-ego', a view which is shared by most analysts, especially by Fenichel. This view, however, seems to be in disagreement with that of Federn, who postulates an ego-cosmic phase of the ego. As a matter of fact, he never took issue with this statement of Freud's, although his concepts imply that a mental ego precedes a bodily ego. We would rather imagine that the primordial ego has yet to discover physical and somatic qualities.

Federn fully accepted Freud's substitution of the later theory of the drive dualism for the earlier one. It was precisely this substitution by Freud which opened to Federn the way to his ego investigations. He never would have questioned Freud's earlier drive theory. In agreement with Freud's modification of the theory concerning the basic drives, Federn conceives the ego cathexis as a fusion of libido and mortido. At times he uses my term 'destrudo' for the dynamic expression of destructive tendencies. However, he says that like other authors, such as Monakow, Driesch, and Goldstein, he assumes the existence of a third source of energy, resulting from the living process of the organism, and in regard to mental activities, especially from the processes of the central nervous system (1).

As basic to such energy I. Hendrick (13) even conceived a proper 'mastery instinct'. This was suggested to him by Freud's occasional references to a *Bewältigungstrieb*, reminiscent of the ego instincts in his original formulation of the drive dualism. In Hendrick's opinion, not only the discharge of libidinous and aggressive tensions, but also the exercising of neuromuscular, thinking, perceptive, etc., functions is pleasurable *per se*. In agreement with this view is Thomas French's concept of the 'functional readiness' of the organs which can find an outlet also in play activities. Hendrick's definition of the ego is certainly not in agreement with our concept of the ego, which we conceive as a continuous unity from its very beginning. Hendrick defines it as 'the sum of those integrations of partial functions which enable instinctual energy to be discharged adequately, without compulsiveness'. Compulsiveness is always associated, in his opinion, with an inability to exercise proficiently a function, simple or complex, which gratifies the need to master. He also maintains that 'work is not primarily motivated by sexual need or associated aggressions, but by the need for efficient use of the muscular and intellectual tools, regardless of what secondary needs—self-preservative, aggressive, or sexual—a work performance may also satisfy.' He calls 'this thesis the *work principle*, the principle that primary pleasure is sought by efficient use of the central nervous system for the performance of well-integrated ego functions which enable the individual to control or alter his environment'. Deficiency of this kind of cathexis supply which causes an impairment of certain ego functions determines personality defects. Hendrick calls them 'ego defect neuroses'. He calls the primary function of the ego, by which we perceive, appraise, and manipulate the environment, *executant functions* of the ego. The neuromuscular and intellectual functions may have a primary psychological motivation and express an instinct with the goal of mastery. Later, however, they constitute ways for libidinous and aggressive discharge.

Federn never elaborated on this kind of cathexis, and it is difficult to judge whether his concept of the third kind of energy is the same as that of Hendrick, whom he never quoted. However, Federn participated in the discussion of Hendrick's paper, 'Instinct and the Ego during Infancy', read before the New York Psychoanalytic Society, 9 April, 1940, with the remark that the contrast between libido and ego is not Freud's distinction but Hendrick's. Hendrick agreed, and said that it was not his intention to deny the libidinization of the ego described by Freud, but to emphasize that the ego develops by the integration of a multitude of functions which serve the instinct to master. In our concept, the energies which power the various functions are subservient to the ego in so far as the functions themselves are invested with ego feeling (egotized). In this way integration occurs. It is precisely the addition of the coherent, unifying ego cathexis to the functional readiness of the perceptive, motor, etc., functions that confers on them the character of ' ego functions '.[2]

The process of identification is clearly described by Federn in terms of his ego-cathexis theory. The ego cathexis extends itself over the object or the autoplastic substitution for it. In Federn's concept the superego is an ego state with its own boundaries, as every ego state has its own boundaries.

Not every internalized object, however, is integrated within the superego. Some identifications determine ego features which may even conflict with the demands of the superego, as appears evident in melancholic states. Hendrick (12) elaborated on such identifications as they occur in infancy, prior to the Oedipus complex and superego formation. He calls them ' ego identifications ', which participate in the ego development.

The structural concepts of the personality, namely the concepts of the id, ego, and superego, are criticized by Glover (9). French, too, who avoids the term ' ego ' altogether and substitutes for it ' integrative mechanism ', shares the fear that these three structural concepts could lead to an anthropomorphization of the id, ego, and superego. They emphasize that these concepts represent only three functionally distinguishable aspects of the personality: namely, the instinct reservoir, where the primary process rules; the relation to reality; and the moral demands, arisen from identifications. I doubt whether any analyst could conceive, for instance, of the superego as an old man with a white beard. Nevertheless if we conceive the superego as an ego state, it may assume some personal aspect in our mind. And, as far as Federn's concept of the mental and bodily ego is concerned, we must realize that it is precisely the awareness and sensation of one's mental and bodily person that constitutes the ego, and to speak of a danger of anthropomorphization of the ego is as meaningless as it would be to speak of anthropomorphization of a real person, who is actually an ἄνθρωπος. The id is the only structure which cannot possibly be anthropomorphized.

Hartmann, Kris, and Loewenstein (10) say that Freud uses the word ' ego ' ambiguously. Other authors, as for instance some French analysts and Edith Jacobson (14), who wrote an important review of Federn's book *Ego Psychology and the Psychoses*—though she misunderstood some of his statements—share some of Hartmann's concepts.

In the first place, we have to become acquainted with the meaning of the word ' self ' which they introduced in their theories. This word is used in quite a different sense from that used by Federn. Federn distinguished the ego as subject from the ego as object, ' self ' being used for the latter. In Federn's opinion the ego as subject is commonly expressed by the pronoun ' I ' and as object by the word ' self,' namely when it is the object of love or hate, or the object of one's thoughts.

Hartmann and the above-mentioned psychoanalysts have chosen the word ' self ' to express a completely different meaning, namely, the total personality, which includes the id, the ego, and the superego. This use of the word is linguistically correct. However, common language ignores the existence of a ' non-ego territory ' in the personality. One's whole mental and bodily personality, as distinguished from the external world, is equated with the ego. But in our psycho-analytical thinking we should not adhere to this equation. At any rate, the comment of these authors on Freud's ambiguous use of the word ' ego ' is that at times he uses it to indicate the whole personality, namely, the ' self ' in their sense, and at times to indicate the ego as a substructure of the ' self '. Moreover, they propose to call narcissism the investment of libido in any part of the personality, be it the id, the ego, or the superego. In their formulation the counterpart of the external world is not the ego, but what they call the self. Their concept of narcissism is, therefore, broader than that of Freud and Federn. Nevertheless, Federn himself, arguing against Freud's statement that the libido regresses in sleep to primary narcissism, once distinguished ' structural narcissism ' from ' biological narcissism '. Hartmann proposes to call ' ego narcissism ' the libido investment in the ego. Thus, he specifies this form of self-libido, as distinguished from what we could call ' id narcissism ' and ' superego narcissism '. I do not think that Federn's biological narcissism, and Hartmann's id and superego narcissism, should be called narcissism. Certainly Freud would not have agreed with these terms, as I will point out in a moment.

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[2] As an illustration of a function which becomes de-egotized see the case quoted, on p. 25, of the patient who upon hitting a window with his fist felt that it was not he himself who was doing it, etc.

In regard to the concept of ' secondary narcissism ' Hartmann and his co-workers adhere to Freud's view, that it designates that object libido which became redirected towards the ego through the process of identification with a love object. In the secondary narcissism of Freud one loves the internalized object within one's self. As we know, Federn considers as primary narcissism only the medial ego libido, which is expressed by intransitive verbs, and calls any form of reflexive libido, be it due to identification or not, secondary narcissism.

Let us now discuss Hartmann's concepts of the ' self ', and of ' narcissism '. The self in his sense is primordial and exists prior to the development of the ego. Narcissism, which in his opinion is self-love, is also present before the ego comes into being. If we adopt this broader concept of narcissism, namely, the libido investment of any part of the personality, of the ' self ', in Hartmann's sense, we may no longer find Freud's characterization of sleep and schizophrenia as a regression to a narcissistic state erroneous. Even though the libido which is withdrawn from the objects of the external world is not turned towards that structural part of the personality which is called the ego, nevertheless it is turned into ' narcissism ' in this new sense of the word.

Could Freud have accepted these new concepts of the ' self ' and of ' narcissism '? I do not believe so. In his conception the id is considered as one of the two foreign countries in respect to the ego, namely, as the inner foreign country. The outer foreign country is the external world. In fact, when contents of the repressed id force their way into consciousness, reaching the awareness of the ego, as in dreams and hallucinations, they are sensed, by the ego, as belonging to the external world and not to one's self. In Federn's view they impinge on the mental and bodily boundaries from without.

At this point I would like to make a digression to relate an observation of considerable interest. When stimuli of the unegotized id and those of the external world reach the ego's awareness, the patient will perceive the external reality and also have hallucinations. Both kinds of stimuli impinge on the ego boundaries from without, yet from two directions, from the inner foreign country and from the outer. The contents of both kinds of perceptions are sensed as real, independently of any reality testing. I observed, however, that the ego perceives the contents of mental origin differently from the perceptions of the actual external world. Such a distinction cannot be made while dreaming, since the ego is then exposed only to dream perceptions which are derived from mental stimulation alone.

With a schizophrenic patient I succeeded in establishing this quite easily. We agreed that everything he heard was real, as he sensed it, but I proposed that he distinguish two kinds of realities, which we called reality A and reality B. Whenever he spoke about hallucinated voices I asked him whether they belonged to reality A or B, and he answered immediately that they belonged to reality B. When I spoke to him or when we heard real persons' voices, or the noise of a passing car, he immediately said, ' This is reality A.' But, unless the patient were taught to make this distinction he could not discern such a difference in the character of the stimuli.

To illustrate this point further I shall quote some passages from a young patient's reported recollections of a psychotic state which he overcame. It must be borne in mind, however, that no patient can recapture psychotic ego states retrospectively in all details. To some extent they are visualized from the reintegrated point of view. I am indebted to Dr. David Grauer for permitting me to quote the following excerpts from an autobiographical report of one of his patients. The 18-year-old patient described how he experienced the outbreak of his psychotic episode, which lasted three or four months and for which he was hospitalized in a sanatorium. Many severe episodes of depersonalization were included among the mental experiences which he reported. For instance, he once hit a window with his fist, injuring himself. Yet he did not sense that it was he himself who was doing it, but felt instead as though his hand belonged to another person.

He spent a month before recovery at the seaside with his parents. I will quote one page from his description of the situation there.

'. . . I remember trying to explain the hallucinations as proceeding from some " fourth dimension ", a realm of spiritual beings, etc. Once I remember telling my father that I heard people talking, but when his only response was a sad shake of his head, I decided that his inability to share my experiences was due to his lack of sensitivity to these vibrations.' From this description the different character of the hallucinatory perceptions from that of the perception of the actual external reality is quite evident. He continues: ' Although most of the content of my auditory hallucinations has faded from my memory, I still recall some of it. Aside from the voices in the wind and in the roar of the waves, the birds in their chirping seemed to be uttering accusations at me. The chirping of the robin sounded to me like, " You bastard, you! " or " Coward! " I had the conviction that these words had been taught to the birds by a hypnotist who figured prominently in my delusions while in the hospital.

'Another feminine voice in the wind moaned, "Where is my son? Oh, what have you done to my son? Why did I sacrifice him for you?"

'One day while sitting in front of our cottage on a clear, sunny day, I heard overhead, as if coming from the sky, the voice of my cousin crying desperately, "Where is my father? What have you done with him?" There was a pause during which I apparently tried to communicate with the voice by silently proclaiming my innocence, to which the voice seemed to respond with heavy sarcasm, saying, "Oh yes, of course, of course!"'

I will now quote the patient's description of his recovery from the psychotic episode:

'. . . I have been told that one day, while walking with my mother, I suddenly picked up a stick from the ground, and exclaimed with animation, "Come, let's walk faster!" My mother told me this was the first time during my illness that I manifested any sign of life and interest in my surroundings. From this moment, I am told, I began to recover my former interest. All that I recall is that one day I tried to listen to the waves speak and failed to make out a single sound. Although I was relieved, I remember also feeling a little regretful that I had lost my troupe of auditory companions. With the loss of these hallucinations I experienced a delightful feeling of relaxation. The world about me appeared more vivid and real than I had ever before observed. I felt as if I had returned to a land that I had left long, long ago.' This is a beautiful description of the return of full ego feeling.

Let us return now to the discussion of Hartmann's concept of 'narcissism'. In his article on the libidinous types, Freud characterizes the narcissistic type as that in which the very structural part, the ego, is most strongly cathected. In contradistinction to the narcissistic type he characterizes the erotic and the obsessional types as those who have the libido concentrated on the id and the superego respectively. Therefore, to call the libido investment of any of the mental structures other than the ego 'narcissism' is at variance with the myth of Narcissus and also with Freud's concept of narcissism. And to call the total personality, in contradistinction to the external world, the 'self' disregards the characterization of the id as the inner *foreign* country.

As a matter of fact, the term 'narcissism' is appropriate only when applied to the reflexive ego libido, the self-love in Federn's sense, since Narcissus fell in love with his mirrored image and suffered for not being able to possess himself as an object. In other words, he fell in love with his ego as object. Federn prefers to speak of ego libido instead of narcissism. In my opinion, if we were to abolish the term 'narcissism' altogether we should avoid much confusion.

Apart from these terminological and conceptual considerations, we understand that the libido which is withdrawn from the external world during sleep does not necessarily invest the id. Glover (9, p. 64) says in his interpretation of Freud's concepts that the id can be conceived as a reservoir of instinctive tendencies, namely as the 'unorganized' psyche. He clearly states that the id is impersonal, that there is no ego in the id. He continues: '. . . It is obvious that the id, unlike the ego, is not a clinical concept; it is a concept necessary to the understanding of clinical data. . . .' As we see, the id, as the reservoir of instinctual drives, cannot constitute an object for libido direction. As Freud makes clear, an investment of great amounts of libido in the id, which characterizes the erotic libidinous type, manifests itself in an increased strength of the drives with which the ego has to cope. Loving and especially being loved is the main interest of this type.

As far as the schizophrenic process is concerned, it is doubtful whether the withdrawal of the libido from objects is primary. In Federn's opinion, the schizophrenic process consists in a decrease of ego cathexis. The withdrawal of object libido may be secondary. And, as far as the fate of that amount of libido is concerned, we have no indications that it is turned towards any part of the mental structure. There are two possibilities: for example, ego cathexis may not be biologically produced in sufficient quantities; or too much of the available ego cathexis may have to be employed by the ego for the mastery of too many or too difficult tasks that have arisen. So, even if one were to accept the broader concept of narcissism, it is questionable whether in schizophrenia the 'self-libido', in Hartmann's sense, becomes increased at the expense of object love. The withdrawal of object libido seems rather to be the consequence of an increased need for ego libido, due to an ensuing deficiency of ego energies. After all, Freud himself describes an analogous process of withdrawal of object libido in the case of physical injuries. When excessive excitations penetrate the organism where the 'Reizschutz' has been injured, all available cathexes are mobilized to bind them. For this protective and defensive purpose object libido is withdrawn to be used as countercathexis of the injured part of the body. And so, for difficulties arising in the ego, object cathexes have also to be made available for the increased need. After all, we must not forget that the psychoses are ego diseases.

Where does the ego cathexis originate? In Glover's interpretation of Freud's view, the id supplies both the ego and the superego with their energy for operation. This view leads to the most important theoretical and practical problems. Freud spoke of the ' borrowed ' energy of the ego; it borrows from the id. This concept is in line with his theory that the ego develops from the id, that originally it was the id. In his opinion, the id continues to be the common source of energy. Let us keep in mind that, according to Freud, the id is not only the reservoir of instinctual drives, but also the common reservoir of energy for all three mental structures: for the id, the ego, and the superego. Is this view compatible with the concept of the autonomy of the ego? To what extent and in what respect is the ego autonomous?

In order to approach this problem, let us first consider the views of Hartmann and his co-workers on the origin and development of the ego. Hartmann (11) disagrees with Freud's view that the ego gradually differentiates from the id. He believes in an innate apparatus and reflexes, which cannot be originally a part of the id in the psycho-analytically accepted sense. He rather assumes a phase of development in which the id and the ego are not yet differentiated from each other. They are formed gradually and independently of each other. They are products of differentiation out of the matrix of animal instincts.

In Hartmann's formulation (11, p. 75) the ' ego ' is not synonymous with ' personality ' or ' individual '; it is not the same as ' subject ', as opposed to ' object ' of experience; it is not only ' awareness ' or feeling of one's own self, ' it is a sub-structure and is defined by its functions '. The last views, especially, are in strict contrast with Federn's concept of the ego. The concept of the ego's autonomous development could have been inferred also from Freud's earlier drive dualism, as I pointed out before.

Although Hartmann gives credit to Federn for the description of many ego-pathological phenomena, he does not find his modification of the ego concept convincing, but prefers to integrate Freud's earlier formulations on narcissism into his later views on mental structure rather than to change the main aspects of later views.

Because the ego is more than a developmental by-product of the influence of external reality on instinctual drives, having an independent origin, Hartmann speaks of an autonomous factor in ego development in the same sense that we consider the instinctual drives to be autonomous agents of development. One of the most important concepts in Hartmann's ego psychology is precisely that of the primary and secondary autonomy of the ego. The ego's adaptation to reality and its substitution of the reality principle for the pleasure principle is a learning process. As a consequence of learning and maturation, the ego develops its autonomous characteristics independently of, but similarly to, the maturation of the instinctual organization, of the libido and aggression. The physiological aspects of ego growth, such as the growth of the body and of the motor apparatus, influence the attitudes of the ego and the self-experience; the differentiation of the self from the outside world and the body organs are under the control of the ego.

As Hartmann says, no analyst has tried to give a complete list of ego functions, which would be no longer than that of id or superego functions. The person's character is attributed by Freud to the ego. Further, the defences against threatening drives are known to belong to the ego functions. Anna Freud (4) speaks of the primary enmity of the ego towards the instinctual drives. The drives, however, may express themselves through the autonomous functions of the ego; so, for instance, the function of perception may be used as an outlet by libidinal and aggressive drives.

Some attitudes or features of the ego, which develop as a defence against a conflict situation, may be maintained by the ego in conflict-free situations; for example, an over-clean and over-orderly attitude, which has arisen as a reactive defence against coprophilic tendencies, may play an important part in the ego behaviour in a situation of study and research, independently of the specific conflict which has given rise to this trait of character. In such a case Hartmann speaks of secondary autonomy.

I cannot embark here on all the elaborations which are contained in Hartmann's writings, but instead will quote Rapaport's summary of Hartmann's concept of ' primary autonomy of the ego ' in his paper: ' The Autonomy of the Ego '. ' Apparatuses of perception, memory, and motility are inborn and characteristic of the species and the biological individual, before they become expressive of conflict and experience. Memory, perception, and motility have already been existing and functioning before a conflict ever occurred. . . . It was Heinz Hartmann (1939) who gave the first systematic evaluation of the apparatuses in ego development. He labelled the autonomy of these apparatuses in ego development " primary autonomy ". The functions which are at any given time outside of the range of conflict he conceptualizes as belonging to the conflict-free ego sphere. From the rôle of this primary autonomy in ego development, he concluded that our usual conception that the id pre-exists the ego is inadequate, that there must be a period in human individual development in which what will later be ego, and what will later be id, coexist, as yet undifferentiated from each other; and that it is by differentiation from an initial undifferentiated phase that both the ego and the id arise ' (15).

Freud's substitution of his later drive dualism for his earlier one modified the concept of ego cathexis. As I have already said, Federn's ego psychology itself has arisen from this substitution. Even though not all analysts accepted Freud's formulation of the life and death instincts, yet they no longer considered the self-preservative drives as being powered by a cathexis of their own. Also Hartmann, Kris, and Loewenstein do not believe that the ego is equipped with drives of its own. Their concept of the ego autonomy rests on a different basis. They, like Federn, conceive the ego cathexis as being composed of libido and aggressive energy, although they do not accept Federn's term ' mortido ' nor mine ' destrudo ', which I proposed to designate the dynamic expression of the aggressive drive. They prefer to speak of libido and aggression. Our comment on their terminology would be that libido is, according to Freud, the dynamic expression of the sexual drives or Eros, and that the term analogous to aggression would be love, or Eros, not libido. At any rate, they are uncompromising as to the non-acceptance of the death instinct, while Federn strongly believes in it; however, they are in favour of the admission of libidinal and aggressive drives. Some aggressive tendencies can develop from frustrating experiences. According to French, no aggression can ever develop without frustration, a view which is shared also by other analysts.

Hartmann suggests that not only libido but also aggression can be neutralized. In his view, the ego cathexis contains desexualized libido and ' disaggressivized aggression '. The neutralization of these two energies would constitute a process like that of sublimation, which takes place through the mediation of the ego. It depends on the strength of the ego to what extent libido and aggression can be neutralized, these becoming the operating energies for the ego in its functions: memory, motility, thinking, etc.

Hartmann and his co-workers realize that nothing decisive can yet be said in regard to the origin of the ego cathexis, although it seems to stem mostly from the id. While Freud's second drive theory weakened the concept of the implied, although not expressed, autonomy of the ego, Hartmann reinstated it and used for it the very term ' autonomy ', indicating its meaning. However, as has been pointed out, his concept of autonomy is not based on the admission of separate drives, except for his idea of the neutralization of libido and aggression. The very operation of the neutralization of these two energies constitutes, in his view, ego functions. Summarizing their concepts, we can say that the ego draws its energy resources (perhaps not exclusively) from biologically produced libido and aggression, but that it modifies them, for its autonomous use, into neutralized energies. In Federn's opinion, also, the ego cathexis consists of a fusion of libido and mortido, and as already mentioned, he also assumes that a third source of energy results from the living process of the organism, especially from the processes of the central nervous system. When libido and destrudo are not sufficiently neutralized pathological conditions ensue. So, for instance, when the mortido prevails, the ego state becomes a depressed one. Federn believes that the autodestructive tendencies as they appear in melancholic states prove the existence of the death instinct.

We have not yet found the answer to the question whether the ego is autonomous in regard to the supply of ego cathexis. Perhaps an interesting observation of Federn gives us a clue to the right answer. He observed that excessive sexual indulgence can be responsible for a temporary decrease of ego libido. He advises the therapist to protect the latent schizophrenic or the schizophrenic patient from excessive masturbation or, in general, from excessive sexual exertion, since it lowers the supply of ego cathexis. What can be inferred from this observation? As I mentioned in an earlier paper (16), one cannot help postulating a common reservoir of energy for both the id and the ego, and, I would add, for the superego. This idea modifies Freud's concept of the id as a common reservoir of energies. In my view, the common biological reservoir of energies does not coincide with the common reservoir of instinctual tendencies. Topographically I would localize each in different places. In the common reservoir of energies, drives are not yet formed; only later are drives formed, with object representations and goals, that is, in what I would consider the id. The drive impetus is due to the cathexis drawn from the common biological energy reservoir. In other words, the main stream of biologically produced cathexis undergoes a bifurcation, whereby one branch feeds the drives in the id, the other in the ego. The supply of cathexis for the drives would be independent of that of the ego, and vice versa. This reciprocal independence of supply would rest precisely on the bifurcation of the common stream of energies. One branch would supply the ego feeling and give power to its functions; the other would give the drives their impetus.

So the amount of supply of energy for the drives and for the ego will depend on two factors; first, on the total available amount of cathexis, which is biologically produced, and second, on the apportionment of this amount between the two branches of supply, one for the drives, and one for the ego. Therefore, the ego can suffer from an insufficient cathexis supply for the following reasons: Too small an amount of cathexis is biologically produced, so that the energetic level of the common reservoir is low; or the ego has to use up too much cathexis from its own branch for dealing with too difficult integrative tasks, unbearable conflicts, too great responsibilities, endurance of too much frustration or anxiety, etc.; and, finally, when the drives usurp too much energy from the common source, so that too little cathexis is left to be drawn by the ego. This would explain Federn's observation that excessive indulgence in sexuality may temporarily weaken the ego.

How can Hartmann's concept of the ego autonomy be related to Federn's ego psychology? Federn does not speak of the autonomy of the ego and does not discuss it as such in his writings. I do not know whether he ever expressed himself in this regard. Perhaps this concept has no place in his ego psychology. I think that his concept of the ego, as a coherent cathexis unity with boundaries of its own, and his views about the origin of the ego, are tantamount to a concept of autonomy.

The concept of autonomy is not strictly distinguishable from that of independence. The ego has its own sources of supply of cathexis which is drawn from biological sources. True, the ego is not powered by the drives, which obtain their own cathexes; nevertheless the id may draw too much energy from the common reservoir, thus depriving the ego of sufficient energy provisions. I would call this occurrence an indirect parasitism, which may be induced or enhanced by the ego for the purpose of obtaining orgastic pleasure. The various ego functions, such as perception, endo- and extraspection, motility, thinking, sensing of reality (which is not the same as reality testing), memory, and so forth, are certainly autonomous functions of the ego, but their efficiency rests on an adequate supply of ego cathexis.

Let us briefly examine the relations of the ego to the external world and the id. Some of the attitudes acquired by the ego in its coping with threatening drives and stimulations from the external world also play a part when the ego no longer faces the original conflicts which induced their development. We have noted that Hartmann calls them secondary autonomous factors. They play an important part in the character formation of the ego. What is now the ego's relation to accepted drives? In Freud's formulation, they obtain the preconscious cathexis, which is ego cathexis. We would say that they become egotized. They determine certain ego states and colour the ego feeling. In other words, they form ego attributes. In fact, the dispositions of different egos can be described by the tendencies which they cathect, and also by the ego's conscious attitudes and reactions to given situations, as well as by all other characteristics which developed. And so we can speak of a sadistic, masochistic, loving, hating, homo- or heterosexual ego, of a neurotic, psychotic, manic, or depressed ego, of an obsessional, hysterical, schizophrenic ego, of an immature, weak, or strong ego, and so on.

Ego cathexis has a great capacity for extension and withdrawal in regard to the external world as well as to the id. And as I mentioned before, in the process of identification the ego extends itself over objects or their autoplastic duplicates. Freud describes the process of identification as the raising of the object within the ego.

A more accurate examination of the ego's relations with the external world, the id, and the superego is beyond the scope of this presentation. Freud became convinced that inherited factors play a rôle in ego development also. Besides, we possess very important studies concerning the influence of early environmental conditions on ego development. Observations of the reactions of children in particular reveal how a loving, neglectful, cruel, or rejecting mother influences the ego development in its quality and strength.

The ego can also influence the id in many ways. The most typical example is the mourning work after the loss of a loved object. The ego's realization that the object no longer exists mobilizes complicated efforts to detach the libido from that object in the id. There are certainly other ways by which the ego influences the id. Freud taught us that in healthy individuals the repressed Oedipus complex is destroyed; the cathexes involved are directed into different channels. We do not yet know what part the ego plays in these processes. After all, these and many others are practical therapeutic problems of the working through procedures in analysis. I do not want to discuss these issues further at this time, but only to indicate that the ensuing relations with their reciprocal influences, between the id, ego, superego, and the external world constitute an inexhaustible field of investigation.

In the case of repression the ego withdraws from the drive. When Freud includes in the therapeutic goal ' where id was there should ego be ', this means that where only id cathexis was, there should also be ego investment. Accepted and egotized object libido, that is, external libidinal interests are continuously enriching the ego feeling.

However, in a modified technique that Federn uses in the treatment of certain schizophrenic patients, the therapeutic goal of classical analysis must be reversed. To use Federn's words: ' What has become the ego's territory should be returned to the id.' This is a means of easing a difficult integrative task of the weak ego.

Different egotized drives determine different ego states with their own boundaries. In Federn's opinion not only anxiety, but all feelings and emotions in general, originate from the encounter of different ego boundaries with each other—in other words, by the clash of different states. Federn includes in the ego functions anxiety and all feelings and emotions.

Before concluding my exposition I should mention another point. One of Federn's principal tenets is that the ego is from the very beginning a continuous, unitary cathexis, and that for a long period the infant's ego unity, body as well as mind, still reacts as a whole. He considers erroneous the idea that this unit is preceded by ego ' nuclei ' which have to crystallize in order to form the ego. He does not mention any specific author in this connexion, but we think first of Glover (9), whose ' nuclear theory of the ego ' is known, although not generally accepted, by analysts. Glover in his turn considers it a mistake to postulate a highly organized ego in the first year of life. He thinks less of a unified structure and more of scattered deposits which are later organized into ego systems. He developed his *nuclear theory of ego formation* from Freud's original idea that memory-traces are first of all laid down in separate psychic systems or focal points. Taking for granted Freud's idea of ego development from the id, he considers it easy to understand that the periphery of the id is to some extent modified by experiences of gratification and frustration; also that these experiences can be classified in terms of the main instincts or component instincts concerned. During every phase of instinctual development an ' ego nucleus ' develops. Glover imagines that each of the isolated phases of development remains recorded in an appropriate ' ego nucleus ', so he speaks of an oral, anal, etc., nucleus of the ego. ' In principle any organized system of memory traces and (later) ideations that contributes in the first instance to the gratification of a specific instinct or component instinct, and later to the control of the same instinct, constitutes an ego nucleus. The function of this nucleus, like the function of the total ego, is primarily to reduce tension in the mental apparatus, either by promoting discharge of libidinal and aggressive excitation or by reducing their intensity ' (9, pp. 65–6).

He admits that at first there must be some confusion and overlapping of various nuclei, but a true synthesis of the various nuclear formations cannot be expected until the boundaries of the total ego are clearly established, and this does not occur, as a rule, until the later stages of anal primacy are reached, i.e. during the second half of the second year after birth.

The incompatibility of Glover's ' nuclear theory of the ego ' with Federn's concept of the ego will be evident.

What can we learn from such a comparative review of all these ego psychologies as I have tried to make in this paper? We see that many ideas, often the most important ones, of one group of analysts are at variance with the conclusions of another group. This is due to a great extent to the different meanings that different authors attribute to the term ' ego '. Federn designated his ego concepts to be psychoanalytical phenomenology. But, in the opinion of some writers, they do not fit in with Freud's structural concepts of the ego, the id, and the superego.

In the study of these three structural parts of the mind Freud attempted to assign to each a specific rôle in mental functioning. Thus his description follows some distinguishing criteria of an interrelated range of functioning. Therefore, some writers feel that Federn's equalization of the ego with the ego feeling introduces a new category of description, namely, an introspective one, for which no equivalent exists in the description of the id and the unconscious portion of the superego.

The criticisms of Federn's approach, based on the assertion that his ego psychology is not psycho-analytical, lack justification. Although Federn's approach starts from the conscious ego experience, his psychology is founded on Freud's concept of the unconscious and on his psychodynamics.

As far as his introspective approach to the study of the ego is concerned, we recognize that this must and can be applied only to the ego, and its validity is not shaken by the fact that other structures cannot be studied in this way. Only through Federn's concept of the coherent ego cathexis unity can the phenomenon of egotization of functions as well as of mental and bodily contents be understood. Functions and contents, however strongly powered by their own cathexes, are not integrated within and felt as belonging to one's ego if they are not in addition invested with the coherent ego cathexis.

All analysts who are interested in ego psychology should come to an agreement about the use of certain terms. Some findings of different authors may be obscured not only by the different approach to ego problems, but also by the resultant terminological confusion. Perhaps we should abandon words which become unfit to express modified concepts; for instance, ' ego libido ' should be substituted for ' narcissism ', except, perhaps, for the reflexive form which actually describes the love of the mythical Narcissus.

In my opinion, Federn's approach to the study of the ego and his concept and definitions of the ego are the most valid. No wonder that his studies lead to the most important findings in ego psychology and the psychoses.

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CONTRIBUTION TO THE PROBLEM OF PSYCHO-PATHOLOGICAL STRATIFICATION[1]

By

HEINRICH RACKER, PH.D., BUENOS AIRES

I. INTRODUCTION

The psycho-analytic method of therapy consists essentially in bringing the patient to abandon his pathological defence mechanisms and work through his old-new conflicts in a different form, more adapted to inner and outer reality. The defence mechanisms in their turn determine the psycho-pathological stratification, since the rejected situations are covered by others, whereby stratification becomes an important problem of psycho-analytic theory and technique. Owing to its complexity, we are usually content to find one or another rule or regularity in this regard. The present paper deals with such a regularity, i.e. a certain succession and connexion of psychological situations which appear from a depth-psychological point of view as stratification. This seems to recur in every case, playing a central part in the structure of personality and of neurosis.

A brief consideration of instincts, which are the deepest determinants of this stratification, may serve as an introduction. The existence of instincts is inferred from observation, and different kinds of instincts are accepted according to the various points of view. The existence of an aim of the instinct implies that the latter may be satisfied or frustrated. Frustration leads, for instance in the case of the alimentary instinct, to hunger. However, if we adhere more precisely to the facts, things take on a somewhat different appearance. The first phenomenon in the succession of the bio-psychological events in question is not the drive but the lack. The search after the elimination of this lack is the second step. To put it paradoxically, we might say that frustration comes before the instinct, that hunger comes before the impulse to eat. It is senseless to express it in this way, for the terms themselves come from a certain theory, namely that hunger is the expression of the frustration of the alimentary instinct. But the observation that first is the lack and then the impulse to overcome this lack—i.e. the instinct properly speaking—calls for an explanation of how this lack arises, how nature produces this state or experience, in the rejection of which the drives then manifest themselves. (In German we find a word that serves well to illustrate the course of events: it is the word *Notwendigkeit*, which means ‘ necessity ’ or ‘ need ’, and is thus related to ‘ instinct ’. Taken literally it is the *Wendigkeit* (*Wendung*) *der Not*, i.e. the turning, or changing of the privation. The *Notwendigkeit*, the need, or drive, hence appears to be something aimed at turning the lack.)

How does this lack come about? It is an inherent characteristic of the organism that it ‘ consumes itself ’; in the case of the alimentary instinct it is this fact which produces the lack. So there must be something within the organism that consumes it, there must act upon it a force or an instinct that ‘ eats ’ at it. In the case of hunger it is directly experienced in this form: hunger ‘ devours ’ us, ‘ gnaws ’, etc. Expressing this experience in psycho-analytic terms, we would say that ‘ oral-sadistic ’ impulses are at work aimed at the organism itself. It is not merely the death-instinct, for certain erotic tendencies (in this fantasy, ‘ oral ’ ones) are acting together with it on the organism as their object. In face of this experience of lack, an impulse presents itself which seeks to conserve the organism and direct these impulses outwards. In this way there originates the desire to eat, to consume external objects, and safeguard the organism itself.

In the psychological sphere the phenomenon appears to be analogous. The oral, anal, and genital desires, and the emotional needs spring from a lack. The lack, the desire to be free of it, and the satisfaction of this desire find expression in a certain determined manner within the psychical apparatus: as displeasure and pleasure, as motor stimuli, etc. What I wish to refer to here, however, are the mental expressions of these happenings, above all the fantasies they provoke.

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[1] Paper read in part before the Argentine Psycho-analytic Association, October 1953.

The lack usually originates, in addition to displeasure (pain), anxiety also. In nineteenth-century psychology (W. Wundt) we already find this observation, in the theory of the three dimensions of ' simple emotions '; ' tension ' (one of the poles of the three dimensions of every ' emotion ') is none other than an expression of anxiety. Freud's first anxiety theory is also based on the observation that a lack (frustration) produces anxiety. This is frequently to be observed, and may be explained by the unconscious perception that these erotic-destructive instincts that have taken the bio-psychological organism as their object continue to act. Correspondingly one may observe two kinds of fantasies accompanying the lack: those corresponding to the *pain* of the lack in itself and those corresponding to the *anxiety* over the persistence of the activity of these destructive instincts.

The oral lack, for example, is experienced as a being eaten, and this both as *pain* (bite, void, etc.) and as *fear* of being eaten still more. At the point where the states of lack—at this or some other level—and therewith the experiences of pain and fear acquire a certain intensity, they may become the bases of pathological phenomena, and as such they deserve special names. The *pain* that accompanies the experience of the damaged ego (independently, for the moment, of the feelings towards the object-imago to which the attack may be attributed), the *sadness and despair over the disaster in itself which the ego has suffered*, suggest calling it a *depressive* experience. On the other hand, the other aspect of the experience, especially the *fear of the disaster to come*, the fantasy of being attacked or damaged by something or somebody, suggests the term *paranoid* experience.

The experience of lack or frustration depends, as is well known, only partly upon real external frustrations. (What is more, it may even go together with external gratification, as is the case with envy—which ' eats us up ' and is the expression of a lack—in face of the ' rich mother ', for instance, who gives us something from her riches.) On the other hand, the experience of lack depends on the amount of these erotic-destructive instincts directed against the subject's own organism, or, in other words, on the amount of individual primary masochism on the original predisposition to the experience of lack. Henceforward I shall use the terms ' lack ' and ' frustration ' as equivalents in this sense, namely as the experience resulting from the two factors, the outer and the inner.

Several objections or doubts will already have occurred to the reader, but I prefer to leave their discussion for later and continue here with the exposition. The pain and anxiety accompanying the state of lack provoke a series of reactions, prominent among which is the desire to eliminate these unpleasant sensations, which manifests itself, for instance, as a desire to eat. The ' oral-sadistic ' impulses that act against the ego are directed outwards, towards an external object. Where this desire was preceded by the above-mentioned depressive or paranoid situation, its satisfaction is experienced as the overcoming of the aggressor or of the persecutor, as a triumph over him. Here we have an experience that we can only designate as *manic*. This designation may be more acceptable where it is a question of liberation from very intense states of lack, but a lower intensity does not, to my mind, alter the essence of this experience.

The pain experienced in the lack, the experience of (partial) destruction of the ego, then constitutes the basis of compassion towards the destroyed object of suffering over it, and the basis of the ' depressive anxieties ' (M. Klein). Here again the subject suffers the pain of being himself destroyed, by identification with the destroyed object. The *fear* of being destroyed also returns, now through the projection of his own impulses to destroy (devour, etc.).

The oedipal situation in the male may serve as a first example. Masturbation forms its centre but not its beginning. Before the boy satisfies his genital impulses through masturbation, before he desires to steal the mother from the father and eliminates the latter in his unconscious masturbatory fantasies, he experienced genital *lack*, frustration. What he lacks belongs to another, the father. There are reasons to suppose that the first fantasy of the primal scene is a direct consequence of the experience of lack, that hence it is prior to masturbation, prior to the oedipal crime. This already follows from the fact that the content of the masturbation is, in this plane, taking the mother away from the father; for before thus separating his parents he had thought of them as united. The analogy with hunger may assist us once again. The feeling that something is eating at us leads to the fantasy that ‘ somebody ’ is filling himself up at our expense. The experience of genital lack in the male seems to be likewise accompanied by the fantasy that someone is taking something away from him, which leads to the idea that the father is taking the mother away. Furthermore, the fantasy in hunger of being devoured finds its analogy in the fantasy in genital lack of being castrated or sadistically (homosexually) possessed. (‘ My pipe (wood and all) is burning away ’ was the dream of a patient who suffered intensely from genital frustration). On the genital level, then, the despair over feeling destroyed as a man would be the primary depressive experience, the fear of it would be the primary paranoid anxiety, both of these arising from the genital lack; the masturbatory fantasy of possessing the mother would be the primary manic experience. In consequence of this there appear later the worrying, mourning, and guilt feelings over the harm caused to the father and the fear of revenge. Clinical material presented later will illustrate all this.

II. The Thesis

I now wish, as the next step, to present, in a schematic survey, the succession and dynamics of the situations leading to the above-mentioned stratification. *The events of our psyche are not, to be sure, determined by a scheme*, but that does not mean that there do not exist certain connexions that may, for greater clarity, be presented in a scheme. I wish to stress, besides, that I am confining myself here to certain aspects of this psychopathological stratification, leaving aside a series of other important factors that influence the course of the psychical events in question. I shall later complete this simplified scheme and shall try to restore to it the life of which the theoretical exposition in some degree deprives it.

According to my observations—which rest in part upon the views of Freud, M. Klein, A. Freud, and others (see Section IV)—there exists, then, *within each of the libidinal evolutionary levels*, the following succession of situations:

(i) The early grave frustrations and traumas are suffered fundamentally as (partial) destruction or catastrophe. Inasmuch as they are lived as events that are happening or have already happened, i.e. as facts, and not as dangers, they should be designated, considering the inherent feelings of pain and despair, as *primary depressive situation*. This consists, for example, in the experience or fantasy of emptiness, brokenness, or castration.

It might be objected, first, that such frustrations are experienced in a paranoid form, i.e. as attacks by bad objects. This is correct, but I am referring to another aspect, to the ‘ first tempo ’ of this experience: precisely the pain of the damaged ego. The paranoid experience is already a ‘ second tempo ’, owing to a rejection, a projection. It is precisely this which presupposes the existence of a foregoing situation that is rejected. Yet since the pain and the destruction of the ego are lived as coming from a bad object, the whole situation might also be termed (in so far as the two aspects are experienced together) ‘ primary depressive-paranoid situation ’. Secondly, it might be objected that the depressive state is always connected with the ambivalence towards an object and with the harm done to it. But I think that, if it is true that the experience of the (partial) destruction of the ego provokes depression, this term also belongs to this situation.

(ii) As the next stratum, we find the *primary paranoid situation*, consisting in a libidinal bond (fixation) with a frustrating object-imago. At bottom is the (unconscious) perception of the predisposition to being frustrated = destroyed. Since those frustrations have been lived as destruction coming from the object, the bond itself becomes the danger of being destroyed (devoured, castrated, etc.). As the libidinal impulse subsists, the situation of danger becomes a situation of *persecution*. The object appears as aggressive, in this primary paranoid situation, not through the projection of the aggressiveness that it provokes, but through the projection of the aggression (pain) that the ego had originally suffered from the object. The degree of this pain—and, therewith, the object-imago—is determined by the objective frustration and the subjective predisposition to frustration, i.e. the primary masochism.

(iii) In response to this situation, the prevailing defence mechanism consists in the *identification with the persecutor*, resulting in an *inversion* of the previous situation; the ego becomes persecutor and the object persecuted. In as much as this situation contains the *triumph* over the persecutor, it may be termed the *primary manic situation*.

Faced with the danger of being devoured, violated, or killed (primary paranoid situation), the subject directs his impulses on to the persecutor to devour, violate, or kill him. The *identification with the persecutor takes the place of these original immediate aggressive reactions* of the subject against the irruption of the persecutor (i.e. in as much as the danger is intensified and becomes a catastrophe).

Under the term ' primary manic situation ' I unite, for the moment, two situations: the inversion of the primary paranoid situation, by which the object is persecuted, and the inversion of the primary depressive situation, by which the object is destroyed, castrated, etc.

(iv) The identification with the persecutor (in the same way as the ' immediate aggressive reactions ' which precede it and are latently contained in it) leads to the harming or destruction of the object. Thus there arise in the subject the *secondary depressive situation* (pain, worry, and mourning over the object, identification with it, reparation tendencies) and

(v) the *secondary paranoid situation,* in which the attacked object threatens retaliation.

(vi) From these situations there originates, as we know, the (moral) superego to which the ego submits. This superego is derived from a new identification, namely, the introjection of the attacked and (' secondary ') persecuting object. Through the evolution of the ego, it acquires a more ' real ' aspect, i.e. a moral one; upon its original character of victim and avenger is superimposed the forbidding and punishing character of the parents. That identification may represent, *in one aspect,* a new *triumph* over the persecutor, since it is now the subject itself which administers the retaliation; in this sense one may speak of a *secondary manic situation.*

(vii) The persecuted and subordinated ego is that part of the ego which is identified with the frustrating imago (with the ' primary persecutor ', see (iii) above). It is to this ego and the ' primary manic tendencies ' it represents that the central guilt-feelings then refer. This situation thus virtually implies the *superego depressive situation:* the ego abandoned by the moral superego.

The superego depressive situation and the secondary manic situation are, then, two aspects (or two forms of experience) of the same situation. In the first case the experience of the attacked and abandoned ego (of the ego identified with the attacked love object) is predominant, in the second case the manic experience of the (secondary) persecutor (or superego) with which the ego has identified itself.

(viii) Faced with the ' superego depressive situation ' the subject defends himself with various mechanisms, among which I will point out those which represent a return of the deep strata on a superego (moral) level. This is the case, for instance, in jealousy paranoia or in ' mania for reproaching ' (*manie récriminatoire*). In these, as a first step, the patient defends himself against the superego depression by means of the projection of the superego; it may be termed *superego paranoia* (corresponding to the primary and secondary paranoid situations). As a second step, he defends himself by means of the identification with the projected superego and the projection of the ' bad ' impulses, i.e. of the frustrating object introjected in the *ego.* We are dealing, in this second step, with an inversion of the preceding superego paranoia; it may be termed *superego mania* (corresponding, in a certain aspect, to the primary and secondary manic situations). These ' superego situations ' are, in essence, the moral aspects of the ' *secondary* ' depressive, paranoid, and manic situations.

As a first illustration of the processes described we may recall Freud's ' vision ' as regards the basic process of human evolution, set forth in *Totem and Taboo.* The basic situation is the genital desire of the sons of the primitive horde. This situation, at the height of frustration its already equivalent to a castration, and, he experience of destruction converts it, within the genital plane, into a ' primary depressive situation '. The persistence of the genital desire threatens the repetition of that catastrophic experience (or the conversion of this catastrophic fantasy into actual reality) and the obstructive father becomes in this way a persecutor, and the situation a ' primary paranoid ' one.[2] The sons respond—' one day '—to this situation, behaving towards the father in the same way, i.e. making of him an object of persecution, killing him and eating him. This triumph over the persecutor through identification with him and the inversion of the preceding situations represent the ‘ primary manic situation ’. The mourning over the destruction of the father, when love for him reawakens, represents the ‘ secondary depressive situation ’. The fear of the murdered father’s revenge is the ‘ secondary paranoid situation ’. The psychological introjection of the prohibiting father, which then takes place with a view to checking those ‘ primary manic ’ tendencies and their consequences, leads to the formation of the moral superego. This process implies, on the one hand, a triumph over the father (the identification and equality with him), i.e. one aspect of the ‘ secondary manic situation ’, and leads, on the other hand, to the submission to him, to the guilt-feelings, i.e. to the ‘ superego depressive situation ’.

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[2] The threat of castration and the castration itself may have been real. I wish to stress here, however, the *endopsychic* aspect of the origin of castration-anxiety. As I have pointed out, just as oral frustration itself is lived as being devoured, genital frustration is lived as being castrated. This very likely holds for all analogous situations. Thus, for instance, the idea common in the little girl of being destroyed as regards her maternal capacity springs fundamentally from the frustration of her infantile motherhood desires, being secondarily greatly increased by the fear of (and desire for) the mother's retaliation because of the girl's sadistic fantasies against the mother's womb (6).

A table may be useful at this point. The well-known scheme of the child’s psychosexual evolution which at the same time serves us as a guide for the understanding of neuroses could—if my observations are correct—be completed in the following manner (system of co-ordinates):

	Primary depres. sit.	Primary paranoid sit.	Primary manic sit.	Second depres. sit.	Second. paranoid sit.	Second. manic sit.	Superego depres. sit.	Defences against superego depression
Genital (1st and 2nd)	Frustration peak. Trauma. Experience of destruction	Being persecuted owing to persistence of the bond with frustrating = destructive object	Defence by identification with the persecutor. Inversion of the preceding situations	Grief over destroyed object	Fear of retaliation	Defence by introjection of the ‘ sec. persecutor.’ Origin of the superego. ‘ Autoplastic ’ inversion of the prim. manic sit.	The ego abandoned by the superego	
Anal („ „ „)								
Oral („ „ „)								

(In the first evolutionary stages there is no moral superego; the course of this line is uncertain)

The succession: depressive ⟶ paranoid ⟶ manic situation thus appears twice. In certain pathological syndromes this succession returns yet again—for the third time—on the superego level, as I have already pointed out (superego-depression, superego-paranoia, superego-mania).

III. First Examples

The exposition of a clinical case that follows in the next part of this paper will show in detail the stratification described. Here I wish to present two brief illustrations which offer a further view of the whole. I choose as first example *jealousy paranoia*, limiting myself to the oedipal level.

The culmination of the libidinal frustration is the experience (in reality or in fantasy) of the *primal scene*. It is equivalent to *being destroyed* (castrated) and represents, at this level, the *primary depressive situation*. Analysis of jealousy reveals this experience or fantasy as the basic situation.[3] The persistence of the libidinal bond with the parents (fixation) transforms this destructive experience into a constant danger (in view of its possible repetition), whereby the *parents in coitus* become *persecutors* who threaten that aggression. This is the *primary paranoid situation*.

One female analysand, for instance, as her libidinal bond with the analyst increased, felt persecuted by the parents in intercourse, transferred on to him, and experienced the (transferred) primal scene as *the annihilation of herself as a woman*. Although in this experience of destruction and persecution an important part was played by her guilt feelings, particularly on account of her masturbation, and her need and fear of retaliation, it was clear that it was *basically* a question of the repetition of infantile *frustrations* (*primary depressive and paranoid situations*).

It may frequently be observed that it is precisely in defence against this situation (and the immediate reactions it provokes) that masturbation begins. In the latter there is an identification with *both persecutors* (in the girl, for instance, the vagina is her mother's and her finger the father's penis) and thus a triumph over both of them (primary manic situation). In the analytic re-experience, the aforementioned analysand defended herself against the primal scene by means of seductive and frustrating behaviour. She took refuge in a friend (male), placing the analyst, through this unfaithfulness of hers, before the primal scene and thus inverting the rôles. This behaviour, analogous to masturbation, was once again, although in a transformation, a *primary manic situation.*

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[3] Freud cites the case of a jealous man who described this situation as a sensation of ‘ being like Prometheus exposed to being eaten by the vulture or thrown in chains into a snake pit ’ (5). The patient describes with his images the sensation which his paranoic ideas of jealousy aroused in him and not the primal scene properly speaking. In equating these two, I assume that we are dealing here with a return of what was rejected (the primal scene) in the defence (the paranoic ideas). In the patient’s images one may also discern the primary depressive-paranoid situation of the underlying *oral* experience: being eaten and being the victim of a deadly oral attack.

The analysand's hetero- and homosexual incestuous tendencies were expressed, then, by means of these identifications with the persecuting parents in coitus. The same is found in other cases. The ' impulses to unfaithfulness ', both hetero- and homosexual, whose pathological rejection lies, according to Freud, at the bottom of jealousy paranoia, are, then, the expression of these identifications (' primary manic tendencies ') and therefore contain, latently, the murderous answer to the ' murderers ', the parents in coitus.

On the other hand, the friend represented at the same time the father-analyst, which led her to behave towards the former in the same seductive and frustrating manner. As a consequence of this behaviour despair arose in her over the suffering she caused her friend and the fear that he might commit suicide (*secondary depressive situation*). At other moments she feared he might kill her out of revenge (*secondary paranoid situation*). She managed to master this persecutory anxiety, thereupon made the damaged object's anger her own, and performed self-aggressive acts (*secondary manic situation*, in which she takes the place of the persecutor and administers the retaliation).

The damaged and revengeful introjected object condemned her for her ' impulses to unfaithfulness ', leading her at times to the *superego depression.* This situation frequently turned into a *superego paranoia*, and the analysand felt accused and condemned by the analyst. At other times she developed delirious ideas of jealousy with regard to her friend, which enabled her to free herself from the accusing superego, converting her self-reproaches into reproaches against him, through the identification with the projected superego (*superego mania*, here ' *jealousy mania* ').

To turn to the second example. The analysand P.—a young man whose case is set forth further on—refers one day to his phobia of spiders. He associates that spiders suck the life out of their sexual objects, and follows this with his own oral-sadistic fantasies towards women, which are indeed intense. He says that the spider must be himself. Pursuing his associations he has—with anxiety and asthma—the following fantasy. ' I see my mother offering me her breast. But at my approach the breast disappears; my mother bends over me and stifles me. . . . *My mother does not give me but sucks me instead.*' Correlating these associations with P.'s case-history, it followed that, at bottom, the spider is the mother-imago which tempts and frustrates him, frustration and destruction being unconsciously equated (primary depressive situation). To be libidinally bound to a frustrating object signifies, then, the ever-present danger of being destroyed (primary paranoid situation). In the face of this situation P. defends himself by becoming a spider himself, which—in one of its aspects—represents the triumph over the frustrating object, i.e. the primary manic experience. On the other hand, it is to the fact of his being a spider—in view of the harm he does to his objects—that his secondary depressive and paranoid anxieties and his guilt-feelings refer.

These last situations find clearer expression in the following facts, which at the same time bring the primary strata to light. After many difficulties, P. managed to acquire a girl friend, a young and affectionate person. But soon he feels very depressed. He perceives that his love is lukewarm and rightly attributes his girl's sadness to this circumstance; he feels guilty of making her suffer through his lack of love. As a matter of fact, in his search for a girl friend narcissistic motives such as his desire to overcome his impotence, to be a Don Juan, etc., had played a preponderant part from the start; he had also decided in advance only to admit a passing relationship. He perceives he is ' exploiting ' the girl, that she is an instrument rather than a love object. P. is aware of another possibility, that of falling in love. But this is fraught with danger; it is, in his words, ' to be exploited, to become utterly dependent, to be caught in a net, to fall into a trap '. Marriage, to him, would mean all these dangers. It can be seen, then, that P. fell into the former depressive situation in his endeavour to escape from the latter paranoid situation. This consists in being tied to an object that not only dominates and exploits him, but also—as is visible in his dreams and fantasies—devours, empties, castrates him, etc. These were and are the catastrophes (primary depression) that threaten him, should he give way to loving (primary paranoid situation). To avoid this danger he identifies himself with this object; now he does not give but takes, he is not exploited and sucked out but exploits and sucks out, etc. P. experiences this at first—on making the ' conquest ' —as a triumph (primary manic situation) but is later horrified at the harm he does to the girl (secondary depression). At the same time he fears vengeance (secondary paranoid situation). In defence against these persecutions (fear of being killed, castrated, etc.), he introjects this persecutor (in the superego) and attacks himself (slight acts of self-aggression and self-castration); in this way he controls the persecutor and to the same degree triumphs over him (secondary manic situation). In the plane of the moral superego, this latter criticizes him and abandons him for his selfishness, his inability to love, and his aggressiveness, and in this way brings about the superego depression. Projecting the superego, he feels accused by others on account of this very behaviour (superego paranoia), from which he tries to escape by inverting the situation once more: he seeks to be the victim (seeking failure, illness, and suffering) by which he not only denies and at the same time atones for his guilt, but is also able to accuse the objects and Providence of being bad towards him (' mania for reproaching ').

IV. Connexions and Supplements

There are many problems connected with what I have set forth; here I can touch upon only a few of them.

I will refer in the first place to some connexions between the present exposition and already existing opinions, so as to make clear how far my views are based upon them and how far they differ. M. Klein and her co-workers have devoted special attention to depressive, paranoid, and manic states, and some of the present observations are to be found, although in another connexion or differently formulated, in their writings. This especially applies to the '*secondary* depressive and paranoid situations ', the contents of which very largely coincide with the experiences of the ' depressive position ' and with the ' paranoid defences ' against the depressive anxieties (7). One difference of approach lies in the fact that in these investigations of M. Klein's, attention is mainly directed to the ' positions ', i.e. to the aggregate of psychotic anxieties and defences belonging to *certain evolutionary phases*, whereas here it is directed to a certain succession, connexion, and stratification of a series of ' situations ' which appear *within each of the evolutionary phases of the libido*.

The ' situations ' are described here in terms of the libido theory, but they may equally well be expressed in terms of the dual theory of the instincts. I think that the *predisposition to being destroyed*, inherent in the latter theory (' primary masochism ') coincides with the *predisposition to being frustrated* inherent in the former. As the active factor complementing and utilizing these predispositions we have in one case the death instinct (which always presents itself, however, together with the life instinct) while in the other case we must, to my mind, accept the existence of ' sadistic ' impulses that are originally directed against the subject's own organism. Hunger, for instance, which is experienced as being devoured, may be described as originating both from a predisposition to being destroyed and from a predisposition to being frustrated; in either case it suggests the existence of impulses towards devouring oneself, i.e. of a destructive love towards the ego. Similarly anxiety may be described both as an ego response to the death instinct (M. Klein) and also as an ego response to the predisposition to being frustrated in one's libido. In this way the above statements may represent a bridge between the different theories of anxiety.

Now some notes on the '*primary situations*'. Observation (especially of transference) shows the '*primary paranoid situation*' to be basic (10). This also seems to be M. Klein's opinion, especially in her latest papers, in which she points out the persecutory character of the original experiences of frustration (9). But already reflection suggests that behind this paranoid situation, in which the persecutory ' object ' is rejected, there must lie an experience in which this rejection has not taken place. This would be the situation of ' union ' with the destructive object, or, in terms of the instincts, the break-through of the primary masochism. In other words, this ' primary paranoid ' experience, which consists in the fantasy of a ' something ' or ' somebody ' that persecutes and in the fear lest this persecution attain its aim, must be preceded by the ' primary depressive ' situation; for, firstly, one can only fear, to my mind, what one has, in some manner or degree, already suffered, and, secondly, there can only be a bad object-imago when we have lived the pain and rejected it and have fantasied the aggression suffered as something not belonging to the ego, as a non-ego, i.e. as an ' object '.

The '*primary depressive situation*' designates the catastrophe in itself, the experience of destruction, or the result or final goal of the persecution (and not the persecution properly speaking). In its full effect, however, the primary depressive situation can never be observed (since it is death itself), but frequently in partial effect (frustration, trauma). Moreover, in practice it always presents itself in fusion with other situations, both with the ' primary paranoid situation ' (as I have pointed out) and also with the ' secondary depressive situation ', or, more precisely, as identification with the destroyed object. As far as this last situation (the sorrow over the destroyed object) is concerned, however, observation shows that the subject only destroys the object if he feels destroyed by it or threatened with destruction, i.e. that the secondary depressive situation presupposes the primary depressive or paranoid situation. (This may sound ' philanthropic ', but it seems, nevertheless, to fit the facts and it also coincides with the death instinct theory. Also envious, jealous and greedy aggression, fits of rage, sadism, etc., are preceded by states that are subjectively lived as situations of lack, i.e. as primary depressive-paranoid situations). Besides, the subject's sorrow over the destroyed object (in M. Klein's ' depressive position ') is only to be conceived upon the basis of an identification with the destroyed object; but this presupposes, to my mind, *the projection of an experience in which the subject himself has felt destroyed*, i.e. it presupposes the ' primary depressive situation '.

However, the present terms for the various ' situations ' are incomplete, for they only partially reflect the psychological happenings. In each situation one would have to differentiate between an attitude turned towards the ego and one turned towards the object. Thus, for instance, the paranoid attitudes towards the object seem to be accompanied by a ' pining ' of a depressive character (8) with respect to the ego, in the same way as the ' depressive anxieties ' about the object (7) are usually accompanied by a paranoid attitude towards the ego. Besides, the distinction between a catastrophic situation and a situation of danger, as holds good for the basic situations (i.e. the differentiation between the primary depressive situation and the primary paranoid situation), should also be drawn for the subsequent situations. Thus one should differentiate, for instance, in the primary manic situation, between the (active) persecution and the attainment of its aim; similarly, in the secondary depressive situation, between ' depressive anxiety ' and depression properly speaking; etc.

The description of the ' secondary manic situation ' also represents a simplification, for not every identification with the ' secondary persecutor ' involves a turning of the persecution against the ego; the persecution may also turn outwards against the secondary persecutor (as happened in the ' primary mania '). Besides, even when the persecution turns inwards, the secondary persecutor usually continues to exist in fantasy outside.

The above-mentioned fusion of (depressive) situations also appears between other strata. Thus, for example, the primary and secondary paranoid situations frequently act conjointly, one covering the other; but both theoretically and technically it is of importance to bear in mind their different origin, namely the ' primary ' from the lack and the ' secondary ' from the retaliation.

The mechanism of ' *identification with the persecutor* ' which characterizes the manic situations set forth here, was suggested (although in other terms) by S. Freud (4) and by M. Klein (as ' identification with the anxiety-object ' (6)), and studied by A. Freud as ' identification with the aggressor ' (1). A. Freud also points out the different directions this identification takes: outwards (for instance against the aggressor), inwards (formation of the superego through identification with the aggressor), and the combination of this mechanism with the projection of guilt. The stress lies upon the identification with images of the parents who criticize or punish, although the writer also cites some examples of another type. What I wish to add or stress is: (*a*) The identification with the aggressor is of the utmost importance already at a deeper level, namely as identification with the ' primary persecutors ', i.e. with the frustrating proto-imagos. (*b*) This mechanism plays, in consequence, a very large part, at this deep level, in the formation of the *ego* (in addition to its importance for the formation of the superego and its forerunners). (*c*) Sadism and also other tendencies, including the oedipal ones, frequently, if not always, present themselves as expressions of such identification with persecutors. (*d*) The main guilt-feelings refer to these tendencies (or these nuclei of the ego) and are, then—just as Freud showed for melancholia—accusations against an introjected frustrating object. (*e*) The identifications with the ' primary persecutors ' are at the same time the essence of certain *manic* situations. The ' primary manic situation ' should be distinguished from the ' manic defences ' (M. Klein) which follow the ' depressive position ' and in which the guilt and depression are denied. The primary manic situation, on the contrary (like the ' immediate aggressive reactions '), seems originally to precede certain secondary depressive and paranoid situations and gives rise to them, just as the triumphal devouring of the archfather by the sons precedes and gives rise to the mourning over him (2).

The identification with a ' bad object ' constitutes the essence of melancholia (3). The identification was preceded by a relationship of the nature of object-love, and this may, normally, subsist in the unconscious. But, in view of the trauma (the ' primary depressive ' experience, which has remained at bottom) this subsisting relationship of object-love represents a constant danger for the ego, and turns into a situation of persecution, i.e. the 'primary paranoid situation'.

In the present schematic exposition no mention is made of a series of very important mechanisms, particularly dissociation, idealization, denial, etc., all of which have been deeply studied by M. Klein and others; furthermore, the rôle of the good, gratifying object has only been superficially touched upon. In view of the complexity of the subject such a limitation seemed to me indicated. These and other points will be referred to in a later paper dealing with each of the strata separately and complementing theoretically and clinically the scheme here presented. In a recently published paper of a mainly clinical character (11), which utilizes the present approach, some of the processes here left aside are treated in detail.

V. Stratification in a Clinical Case

I have set forth the history of the patient Peter in a previous paper, in which I sought comprehension of the case as a whole, regarding it from a general point of view (10). I shall here limit myself to data and material that concern the subject of the present paper.

Peter sought psycho-analysis a few years ago, at the age of twenty, because of his impotence. Since the age of three he had also suffered from bronchial asthma. He complained, too, of intense feelings of inferiority and of fear of life in general. His mother is a very neurotic woman, with marked paranoic features and a domineering personality. With his father—a highly successful business man—he is superficially on good terms; but, in reality, though his father allows him more freedom, Peter is very much subjected to him too, and has intense conflicts with him. He is an only child.

Analysis of the two principal symptoms—impotence and asthma—as also that of his most important character disturbance, the moral masochism, shows them to be different expressions of the stratification presented.

I wish first to summarize briefly what I have set forth in this respect in the paper above-mentioned, and then to present new material and some other aspects. In this summary I shall employ the terminology used in the first part of this paper.

(*a*) *Impotence.* Both the sexual and affective bonds were experienced as a danger both of being destroyed and of destroying. The analysis revealed the following:

Owing to the serious libidinal and affective frustrations since the oral period, any instinctive or emotional approach involved the threat of being devoured, emptied, absorbed, killed, castrated, dominated. The frustrations themselves (basically oral) have been lived as such catastrophes (primary depressive situation). Hence to love means to run the risk of suffering the same destructions once more (primary paranoid situation).

In face of this danger Peter defended himself through identification with the persecutor, and he now wished insatiably to devour, empty, and destroy the object himself. In this manner an intense sadism appeared.

These identifications contain all the aggressions that Peter had suffered or that had threatened him in the primary depressive and primary paranoid situations, or in other words they contain all the hatred which these situations have provoked, as an attempt to free himself from the pain, through the return of the aggression suffered.

This identification with the persecutor, which on the one hand involves triumph over him ('I am not emptied, rather I am the one that empties', primary manic situation), leads, on the other hand, to the destruction of the object (secondary depressive situation) and to the danger of retaliation on the part of the object (secondary paranoid situation). The danger of being destroyed appears, then, as cause and as consequence of destroying in love.

Thus, for example, the vagina appears to him as "hungry",[4] at bottom, because Peter has been "devoured" by libidinal and affective hunger, suffered in his bond with his mother. His defensive identification with this persecutor involves similarly destructive desires, because of which his penis is an instrument that "devours", "cuts and breaks the walls of the vagina", and "kills the woman". Erection is equivalent to the primary manic situation, for it represents his "magic power", with which he "conjures dangers". But "this power ends with ejaculation". "After ejaculation," says Peter, "she will absorb me, she will '*inhale*' my penis and testicles. . . . I fear that my love may wound her and she will take revenge upon me" (secondary paranoid situation). The other danger derived from that identification—the secondary depressive situation—is seen, for example, in a dream in which a woman appears who becomes a skeleton on being emptied by the suckling she bears in her arms. "That is the idea I have of love," Peter added.

The same object, then, which is lived at certain times as persecutor is lived at other times as object (ambivalently) loved, and its destruction is thus mourned. It is under the impact of being completely destroyed (in the culmination of the sexual frustrations) that the object appears as completely bad, i.e. as persecutor. This which "empties" the subject is the one that fills itself at his expense, and is therefore at the same time the object filled with good things, i.e. the 'ideal' one. Analogously, the identification with the persecutor turns Peter simultaneously into persecutor and ideal.

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[4] Double inverted commas denote quotations from the analysand's own words.

To avoid the secondary depressive and paranoid situations Peter again introjects the object that he has persecuted, and which has then become persecutor once more; thus the superego originates, to which Peter subjects his erotic-destructive impulses. This new identification is experienced on the one hand as a liberation, especially from the secondary paranoid situation. Peter turned himself into persecutor once again, pursuing (as superego) that part of the ego which is identified with the primary persecutor. As liberation, just as control over the secondary persecutor and as active realization of the persecution against the (introjected) primary persecutor, it is the ' secondary manic situation '. The following dream is an illustration of this.

Peter, the psycho-analyst and a horse are in a room together. Peter is removing the horse's bridle. ' Are you mad? ' the psycho-analyst shouts at him. But it is too late, he cannot put the bridle on again. So Peter picks it up and hits the horse with it, about the testicles in particular, trying to drive it out of the room. The horse is the sexual father who, in the fantasies accompanying the genital frustration (i.e. in the primal scene), has become Peter's persecutor. Thus the identification with him (the horse within Peter) is an aggression against his father (the psycho-analyst). " The horse can bite you," Peter associates. The patient thus fears destroying, " castrating " the psycho-analyst and suffering his retaliation. To avert these dangers he identifies himself again with the father-analyst, now trying to drive the horse out of himself and hitting it about the testicles. This is the ' secondary manic situation '.

On the other hand, this new introjection leads to the ' superego depression ' because the superego calls the ego bad (guilt feelings over that part of the ego which is identified with the primary persecutor, and need for punishment) and because that subjection leads to (partial) castration (identification with the attacked father). Peter synthetizes this saying, " So as not to kill, I wish to be *impotent*, castrated, killed."

Peter's mode of expression may attract attention and possibly make the impression that he is ' intellectualizing '. This is so, though in a somewhat specific manner. To begin with, Peter knows nothing about psycho-analysis. He has, on the other hand, a remarkable ability to perceive his profound fantasies. Nevertheless, the perception and communication of his fantasies is, to some extent, related with certain defences and resistances. It is, particularly, a " sacrificing as a holocaust " to the analyst (in other words, a masochistic surrender or gift in defence against guilt) and it is a defence against situations which are much nearer to present reality, principally in direct relationship with the analyst. To give an example: on feeling an irritation in his throat, Peter produces many oral fantasies respecting the analyst's penis in defence against the much more anguishing desire of asking him for a glass of water. This request has the same meaning, but it contains the danger of converting it into reality and thus repeating the (oral) crime.

(*b*) The *asthma* appears as a result of the same fears that produce the impotence in Peter. It is principally the ' secondary paranoid anxiety ' that leads to attacks of asthma. This ' secondary paranoid situation ' always arises when the ' primary manic impulses ' are in some way stimulated. Thus, for example, any approach to a sexual satisfaction or any attempt to act independently arouses in Peter the fear of revenge from the object (father, mother or both), since Peter in such situations—which are always equivalent to the primary manic situation—frustrates or kills the object. As a result, a struggle comes about between the ' primary manic impulses ' and their rejection (their subjection to the superego). These struggles appear as conflicts between opposing tendencies (incorporate, eat, kill, expel the object *or not*) or as conflicts between the subject and the object (for example, his mother wishes to " enter " into him through his nose or mouth and choke him; he rejects her). I shall return to these struggles later, but I wish here to emphasize that behind the asthma there is found the same stratification as in the impotence. There is, besides, a particular relationship between these two symptoms: *while the impotence or its psychological equivalents* (subjection, etc.) *prevail, the asthma does not appear.* The struggles and anxieties underlying the asthma and the asthma itself appear when the defence contained in the impotence (or in its equivalents) is diminished or abandoned.

The following associations illustrate these affirmations: " During yesterday's session," says Peter, " I had asthma because in my fantasy of going to Tirol I dared to live. But living means love, luxury, pleasure . . .; and being dominated by this love and vice means to kill and be killed. I cough and become stifled whenever the image of love, living and enjoyment appears. . . . (Peter breathes heavily and coughs). For instance, now I was thinking of the breast, and I was thinking that I was destroying it with my love, because I eat it, and eating means killing. I shall be killed for this." This fear of being killed is lived as " persecution by the shade that is my mother." " I can't free myself of my mother because I've killed her. That's why she, the shade, persecutes me and wishes to kill me." Seeing that in his unconscious loving is equivalent to eating, and eating to killing and being killed, Peter wishes to reject these impulses. " But there is another death as well," Peter continues, " and this one threatens me if I don't eat the breast."

These associations illustrate one of the struggles which arise between the ' manic impulses ' and their rejection, which are the psychological background of his attacks of asthma. Behind his ' manic impulses ' are found, as has already been shown, Peter's primary depressive and primary paranoid situations which *reappear* in the renunciation (" death if I don't eat the breast "), while the rejection of the primary manic situation is due to the secondary depressive and secondary paranoid anxieties which follow the latter.

(*c*) Peter's *moral masochism*, too, is explained through the same stratification. As any satisfaction and any possession is for him equivalent to the primary manic situation, they bring with them the secondary depressive and secondary paranoid dangers. To avoid them, Peter actually or apparently submits his ' manic impulses ' to the superego and seeks frustrations. In the above-mentioned paper I summed it up (referring to the oral plane) in the following words: ' Peter's masochism has its roots in this subjection to an object (forerunner of the moral superego) that desires to suck, absorb, dominate him. Suffering is sought to mitigate the object's greed and aggressiveness. The masochism constitutes a manoeuvre so as not to be sucked completely, and to be able to continue to suck. The unconscious search for the rejecting sexual object represents a defence in face of the danger of being loved, that is to say, of being destroyed by the object.'

The preceding summary should serve as a basis for understanding the material which I will now present, and in which I wish to demonstrate the stratification in greater detail.

Having in the above-mentioned paper chiefly expounded ' oral material '—which also determines the nature of the summary set forth above—so I now wish to stress other aspects, since the thesis affirms that the stratification is found in each of the libidinal levels.

At a certain period of his analysis Peter experiences his transference as a passive homosexual relationship. In his dreams the psycho-analyst's penis appears as a rifle or some other aggressive object threatening him. It also appears in a dream as a necklace, which Peter associates with a tapeworm that eats and destroys him internally. (Peter has had a tapeworm in the past; the choice of the necklace as a symbol is co-determined by Peter's line of business.) The day after he has related this dream, the meaning of which he had lived with anxiety, he brings this other dream: " *You are staying at X hotel in Mar del Plata* (Argentina's foremost summer resort). *I go and see you and offer you a necklace for a certain sum. But you don't buy it from me, getting one from someone else instead, who was asking considerably less.*"

In the middle of relating his dream, he remembered that he had intended to pay me my fees that day, but he had forgotten to bring the money. I for my part associate with this the following: Peter experiences his having to pay me as being taken advantage of, or—as he had said at the previous session—as the analyst's penis " eating my entrails and testicles ". In this day's dream, however, he attempts to bargain with me, to gain (take) money from me by offering me a necklace of his, thus inverting the passive situation.

Of Peter's associations I reproduce the most important. The necklace of his dream reminds him of the session of the day before, after which the question had occurred to him whether I had homosexual tendencies and if I had ever satisfied them. He later also wondered whether to satisfy his own homosexual tendencies or not. The dream which he had at first forgotten, he had suddenly remembered at midday in the following circumstances. He had invited his girl friend home (the one referred to in his associations in the first part of this paper); she was very jolly, which made him happy too. After lunch he started to caress her, kissing and biting her, and then he allowed himself what he had never done before: coitus *a tergo*. During this coitus an anguishing doubt suddenly assailed him that he might have made a mistake as to the orifice, that his coitus might have been *per anum* rather than *per vaginam*. At the same time it seemed to him he could no longer see the anus. *It was then that he remembered the dream*, he does not know why. He immediately felt pain in the testicles and penis and at once ejaculated, without being conscious of the ejaculation; he only noticed it when he examined the sheath to ascertain whether faecal matter had adhered to it. With the imagined anal coitus he associated that it meant *to attack and sacrifice his girl friend*, and that he feared her hatred because of this. He thinks that the pain in his genitals is connected with this. At some time during the coitus he also thought that he was the girl. He remembered, besides, having gripped his girl friend's breasts hard during the coitus *a tergo*, and with this he associates a fantasy that he had during the session of the day before, namely that during the homosexual act to which he would be subjected by the psycho-analyst, the latter would press the nape of his neck with his two hands in such a way as to break it.

Now we can understand the dream. The situation of anxiety that gives rise to it is the passive anal relationship with the psycho-analyst, which Peter experiences as a grave danger (of being eaten, destroyed, castrated). In an attempt to defend himself against this situation, he inverts it: he " offers " me his necklace, that is to say, his penis. He also remembers this dream when he is about to carry out this inversion upon a substitute object. But in this new situation regarding the analyst, Peter takes advantage of him (in his dream he demands a high price of him), he ' sacrifices ' him, which is rejected by the psycho-analyst who prefers another necklace which costs him less, that is to say, another penis that deprives him of (eats him) less. This rejection which Peter's tendencies (to eat, etc.), contained in this inversion, suffer from the psycho-analyst is the superficial traumatic situation of the dream.

The above-mentioned associations also explain why Peter was afraid for so long to carry out the coitus *a tergo* (aggressive meaning). His doing so that day was mainly due to the increased danger arising from his passive-anal bond with the psycho-analyst. Besides, his girl friend's good humour served to counteract (deny) beforehand his fantasies regarding the harmful consequences of his aggression, contained in the inversion of the passive-anal relationship.

We find thus the following stratification within this libidinal level. The basic situation is Peter's anal bond with a predominantly aggressive object. In as far as this situation comes about, that is, when the frustration (aggression) is really suffered, it gives rise to the ' primary depressive situation '; in as far as the frustration exists as a danger, the situation is lived as a persecution, whereby the ' primary paranoid situation ' arises. The fact that the experience of the aggressiveness of the objects (imagos) arises in the first place from their *frustrating* conduct could already be seen in Peter's earlier associations (the oral frustration = being sucked, etc.). It is also confirmed by the conduct of the subject in his identification with this object, which expresses itself through his intense impulses to cause to suffer through provoking and frustrating desires. On speaking here of " frustration " I refer to the objective psychological occurrence; the corresponding subjective experience is that of " being loved = being destroyed " by the object, that is to say, it is the experience of a ' union ' with a destructive object.

As an attempted defence against the ' primary depressive-paranoid situation ' there appears (in his sexual conduct and in his above-mentioned dream) the inversion of the situation by means of identification with the persecutor, in this case the fantasy of *active* anal (homosexual) coitus. This situation involves, on the one hand, the subject freeing himself of the persecutor and triumphing over him (' primary manic situation '; Mar del Plata means " merrymaking, allowing oneself everything "). On the other hand the aggressiveness contained in it leads to the destruction of the object (" sacrificing it ", secondary depressive situation), to the idea of " being hated " by this object (secondary paranoid situation), and to feeling rejected by the latter (the psycho-analyst buys the necklace from someone else); this latter already reflects the superego depressive situation. The pain felt in the genitals and the immediate and unfelt ejaculation are the result of these situations, that is, reactions to these dangers; on a moral superego plane the pain represents a self-chastisement (a subjection of the ego to the superego), in other words, a turning of the aggression against the guilty organ which in a superficial aspect belongs to the ego, in a deeper aspect to the primary persecutor (that with which, in the primary manic situation, he had identified himself). We might, then, speak of a somatization of a process of melancholia. The mechanism by means of which this turning of the aggression against the ego takes place is as follows: the primary manic situation (Peter's fantasy of the active anal coitus) causes the secondary depressive and secondary paranoid anxieties; Peter defends himself against the latter by introjecting (as ' superego ') the secondary persecutor (that threatens retaliation) and subjects himself to the retaliatory impulses of the latter (that is to say, to the ' manic impulses ' projected upon the object). Hereby the ' manic impulses ' are channelled towards his own ego, and thus—because of the (partial) identification with the secondary persecutor—the secondary manic situation arises (the sadistic act against the ego), which leads to the pain in the genitals and the immediate ejaculation. This is a form of (partial) self-castration to escape the danger of being (completely) castrated by the object. This process, which on one level is concerned only with instinctive impulses and reactions between the subject and the object, on another level also has, as we have seen, affective and moral meanings of guilt and punishment. In one aspect, then, the pains in Peter's testicles are the expression of the secondary manic situation, in another they are the somatization of a superego-depressive situation. This and the secondary manic situation are, then, two aspects of a single situation.

The same stratification is found on the *genital level.* In the considerations that follow we have to include the fact that we are dealing here with *two* frustrating objects, for—to mention one aspect—not only does the father forbid but the mother tempts and rejects. On the anal level, too—in as far as it is the negative oedipal level—we are dealing with two objects, and also in connexion with the breast we find two imagos in certain strata. However, up till now I have limited myself to Peter's relations with *one* (ambivalent) object because I consider them as basic. My having done so even on the anal level is explained by the fact that, in one aspect, the anal object-relationships of Peter's are but slightly modified transpositions of his oral relations with the breast.

Peter's genital desire turns into danger because, in the first place, it unites him with the object (woman, vagina) that absorbs, empties, bites, castrates, dominates, takes advantage of him and mocks him, thus becoming a persecutor. This image of the object comes superficially from the projection of these same impulses of Peter's towards the woman. But these impulses of his are, in turn, the response to an imago that has caused all these injuries by *attracting and frustrating* him, and threatens to do the same to him again.

The material which follows will illustrate and demonstrate this as well as the consequences of these fundamental situations.

During one period of his analysis, in which he intensely experienced his positive Oedipus complex in the transference, conferring on me the rôle of his father, and that of his mother on my wife (whom he had chanced to meet), Peter relates the following. "I saw your wife again today, on taking the lift. I was afraid of her becoming aware of my desires towards her and laughing at me, or that you or both of you would laugh at me. For I am little and can't aspire to her. You both laugh at me because I have a little penis and *according as she, you, or both of you laugh, my penis becomes smaller and smaller until it disappears altogether.*" *Frustration, then, is lived as castration.* Besides, the frustration and castration are experienced as the satisfaction of his parents' sadistic impulses towards him, as a mania of his parents' at his expense. His parents' joint laughter represents (according to other associations) the primal scene. The parents' sadistic impulses are superficially, as I said, the expression of his secondary masochism, or, in other words, of his need of punishment and even of repairing and re-'pairing' (re-uniting) the injured genital parents. Nevertheless this fantasy (the secondary paranoid situation) covers a deeper one, even if identical in content: the primary paranoid situation, the expression of the primary masochism or of the frustration itself.

In the interpretation I also point out to him the transferred—childhood—character of his ideas and feelings ("myself and my penis are too little"), to which Peter reacts by remembering the hatred he felt "when my mother passed before me scantily dressed to excite me and laugh at me"; he also remembers having decided at that time to revenge himself ("they'll pay for it one day"). This revengeful fantasy consists—he does not know since when—of possessing all women and having an omnipotent penis.

At the following session he relates that he has masturbated during the night, and at the same time has had a fantasy or dream in which he was cutting his penis with a file. Later he ejaculated (in reality) and thought, "What a pity, now I can't file my penis any more." In his associations he connects this fantasy or dream with the previous session, that is, with the fantasy of revenging himself by means of his penis; "I file my penis," he says, "to prevent myself from taking revenge."

Thus we basically see his genital frustration (which culminates in the primal scene) being lived as destruction of his own male sexuality (primary depressive situation). Through this same frustration, his genital bond with his mother becomes the danger of suffering castration (primary paranoid situation). As a result of this catastrophic experience (or danger) he reacts with a fantasy of sexual revenge, which in turn is rejected by him (he files his aggressive penis). We may already suppose that this fantasy represents the primary manic situation (the omnipotent penis) which, in face of certain fears, turns into a secondary manic situation (self castration, which is at the same time *castration of an introjected object*). That the revenge fantasy is the expression of his identification with a frustrating object (primary manic situation) is already suggested by the fact that the desire to possess all women contains as much the idea "I will not love, just as I was not loved", as the intention of sadistically taking advantage of and mocking at the objects, just as he himself had felt the victim of his parents' sadism and mockery. The aggressive omnipotence which contains the manic triumph over the object is the same as his mother possessed over him. Also in the intention to attract and frustrate women contained in his Don-Juan-like revenge, and more clearly still in a series of sadistic (or sadomasochistic) fantasies, he behaves in the same way with the object as, in the basic situation, the object behaves with him. One of the principal elements of these fantasies is "*causing to suffer through desire*", i.e. to increase in various ways the object's desire and then deny satisfaction. Other sadistic contents, too, seem actively to repeat what he has passively suffered in the frustration. Thus, for example, the insistent fantasy of biting and eating breasts corresponds to his sensations in the frustration that something eats or bites him inside; his idea of killing the woman (mother) with his penis or of breaking her vagina in coitus corresponds to what he himself feels in the frustration, that is, being killed or castrated.

To sum up, the expression of the 'primary manic' situation such as we have found it in Peter's conscious, that is, the desire to possess all women and to have an omnipotent penis, is not its original expression. In the above-mentioned sadistic fantasies we are nearer the primitive content of that identification with the persecutor, and its deeper content is none other than the impulse to do actively to the object what the subject has suffered passively in the basic situation, namely, death and castration. For Peter's immediate aggressive reactions to and within the 'primary depressive-paranoid situation' are thus afterwards replaced by various identifications with the persecutors which constitute a defence against that situation and its consequences. Only now, with these identifications, does the sadism properly speaking (as distinguished from the aggressive reactions) appear to 'set in' as a tendency; it seems to correspond to the 'setting in' (fixation) of the primary paranoid situation as an internal situation. The fact that the 'primary manic tendencies' are the expression of such identifications with persecutors is best shown by the examples of the 'spider' (page 228) and of the 'horse' (page 232) as *ego-imagos* of Peter.

The destruction of the objects, which is the result both of the immediate aggressive reactions and of the identifications with the persecutors, brings on depression and persecutory anxieties. As a defence against these situations there predominates in Peter—who is subject, above all, to paranoid situations—a new introjection of the persecutor (now 'in the superego') and the attack against the 'bad ego'. An expressive illustration of all this is found in a succession of associations in which the same 'manic impulses ’ appear in a double aspect, first as a ‘ secondary mania ’ (as liberation from the secondary persecution by means of autodestruction) and then as ‘ primary mania ’ (coitus which is to destroy). At one session Peter complains that he always does what he must and not what he would like to do. To my question, ‘ What would you do if you did what you wished? ’, Peter answers spontaneously, “ I would throw myself from the balcony.” Then he goes on, “ I want to throw myself from the balcony to escape from a persecution, a mental torture. Death is rest, I would not think any more.” Then I ask him why he chooses throwing himself from the balcony as his means of seeking death. Peter associates, “ Perhaps because of the fear of the fall. To escape from duty. It would be falling into vice without suffering the punishment. Because in this same act would be the punishment; but a very lenient punishment. It would be death. Perhaps it would be coitus. The fall would be ejaculation. It would be a way of seeking satisfaction in coitus without fearing punishment, without fear of awakening to a different reality: without finding myself confronted with the hatred of a woman, my mother, whom I had killed by slashing her flesh. In suicide there is satisfaction without punishment. Perhaps it is entering my mother’s vagina once more. To return to the place I had come from. It would be the only way of truly going back to the vagina. It would be receiving the mother, but in a passive way, without harming her, and I would be quieted.” In this fantasy there fundamentally appears, then, the oedipal desire as primary manic situation (coitus = kill the frustrating mother), the consequent secondary depressive and paranoid anxieties (fears “ of harming her ”, “ of the fall ”, “ of a woman’s hatred ”) and the defence against this “ persecution ” by means of identification with the persecuting object and the realization of suicide (= coitus; secondary manic situation).

On the genital level the other frustrator is the father. In this aspect—so well known—I only wish to stress the fact that the boy’s desire to castrate and kill his father is equally the expression of an identification with the oedipal father who castrates and kills the child, it might be said, by his mere existence. As Peter’s associations show (page 235), he already experiences the castration in the genital frustration itself (from which the primal scene fantasy arises) and in his real genital inferiority as compared with his father. Analogously, Peter experiences in a transference fantasy that his own coitus with the mother *in itself* destroys the father. Identification with the potent, i.e. castrating father (that is to say, the inversion of the basic depressive-paranoid situation) was especially clear in his desire, and fear, of putting me in the situation of the excluded and ‘ injured third party ’ (Freud). Peter’s inhibition in finding a sexual partner and his impotence are related with this meaning of coitus, which involves the mary manic situation and with that, too, the secondary depressive and paranoid situation. “ If I had sexual intercourse,” says Peter, “ it would be the end of the analysis: I would be independent and *would laugh at you*. . . . I should not pay you any more and you would be angry with me.” Already in these words something of the manic significance of that identification with the castrating father can be seen, an identification which consists in having sexual relations: Peter’s ‘ laughter ’—the ‘ manic ’ situation—also reproduces the parents’ laughter in the primal scene, which Peter lives as a mockery against him. In the anger he thinks it produces in the father-analyst can be seen one of the dangers which such identification entails (secondary paranoid situation). I have mentioned above that Peter, in having sexual relations, is killing the analyst in fantasy whom he at the same time loves (secondary depressive situation). In another stratum he runs the risk, for the same reason, of being abandoned by the analyst-father (superego depression). Similarly, success in business means for him inversion of the primary paranoid situation, inversion which on the one hand contains the manic experience but on the other hand leads to suffering over the defeated father, that is, to the secondary depressive situation. This was seen, for example, when one of the (rival) chiefs was eliminated, with Peter’s acquiescence, from the business. It also produced fantasies referring to the loser’s revengeful hatred (secondary paranoid situation).

Peter’s impotence (and its equivalents) has the meaning, then, of (i) protecting himself against the danger of his becoming, through genital desire or loving, the victim of frustrations which are lived as coming from the parents’ sadism and which are objectively the result of the interplay of real frustration and primary masochism (primary depressive-paranoid situation); (ii) protecting the parents from becoming the victim of Peter’s sadism, springing from his (primary manic) identification with the persecuting objects and protecting himself in this manner from the secondary depression, and (iii) protecting himself against the danger of becoming a victim of the parents’ vengeance (secondary paranoid situation). In the first and third strata the penis appears, at bottom, as the breast and the vagina as the mouth that devours and bites; in the second stratum the penis appears as the mouth, and the vagina as the breast.

There now arises the question of what mechanisms are used by Peter to protect himself from these anxieties or, in other words, of what is the process leading from these anxieties to the impotence or to the asthma, which is derived from the same danger situations. I have quoted above a series of Peter’s associations referring to his suicide fantasies. These also show the *secondary manic situation* which represents one of the principal mechanisms that is to protect him against his ‘ secondary depressive situation ’ and (more directly) against his ‘ secondary paranoid' anxieties caused by his attempts to live the ' primary manic situation '. This mechanism (the ' secondary mania ') explains at the same time, in terms of object-relationships, the process that was called ' turning the aggression against the ego '. It consists in an autoplastic realization and living (' *darleben* ' in German) of the primary manic situation, or, in other words, in a realization and living of the secondary paranoid situation through an introjection of the secondary persecutor to whom the ego (identifying itself with the object pursued and harmed in the ' primary mania ') submits.

Before going deeper into this mechanism in Peter's case, I would like to illustrate it from material which is of common knowledge. Suicide as a defence against persecutors and as a mockery of and triumph over them can be easily observed. The suicide of those war criminals who were able to elude the vigilance of their guards (in Spanish one says for this ' to mock the vigilance ') may serve as an example. In the protest voiced by public opinion among the Allies it was manifest that, in fact, they felt such suicides to be a triumph on the part of the criminals. For the latter, suicide was, in one aspect, liberation from the persecutors. They themselves did what the persecutors wanted to do to them. It is clear that we are dealing with an introjection of the persecutor and, afterwards, with a realization of the ' secondary paranoid situation ', a carrying out of this persecutor's intentions. Finally, it is a doing to themselves what they originally wanted to do and did to others. The impossibility (of an internal or external nature) of continuing this action, i.e. of realizing again the primary manic situation, leads to the ' turning of the aggression against the ego ', that is, to the secondary manic situation.

To return to Peter's suicide fantasy, he wishes to kill himself " to escape from a persecution ". " I castrate myself so as not to be castrated," he says on another occasion. It is, as said, to free oneself from the (secondary) persecutor through identification with him. At the same time it is, in the moral superego plane, a self-punishment, but it is " a very lenient punishment " and even a " falling into vice without suffering the punishment ". The manic aspect of his idea of committing suicide is already indicated by the fact that the idea arises as a spontaneous reply to the question ' What would you do if you did what you wished? ' This is shown still more clearly by the fact that his suicide fantasy is partly identical, in its content, with what the primary manic situation means for him: coitus, orgasm, and killing the mother. In other terms, it is a realization of the (sadistic) primal scene in the ego, in which the ego plays both rôles, the paternal and the maternal ones. In this sense, his suicide is an ' autoplastic ' realization of the oedipal crime, though on a pregenital, sadomasochistic level. All this suggests our regarding such a suicide also as a " secondary manic situation ".

The asthma, as well, obeys the ' secondary manic ' mechanism. I have stressed above that this symptom manifested itself upon occasions of (fantasied, attempted, or carried out) realization of a primary manic situation (coitus, independent behaviour, etc.); that is, in face of secondary depressive and especially paranoid anxieties that arose as a result of such realizations. The turning of the ' primary manic impulses ' towards the ego is clearly seen in the following associations: " The asthma satisfies me because it protects me against the desire to have sexual relations with all women, which is to have them with my mother and kill my mother. . . . In the asthma all the affection and hatred is directed against myself, it is a loving myself and it is in this that the satisfaction lies." The fact that this turning of the sadistic love against the ego consists in the introjection of the persecuting object and its attacking the ego can be seen from the fact that Peter experiences asthma as " being attacked, stifled (= loved) by my mother from inside ". The manic aspect of this mechanism in the asthma will become clear later.

Also masturbation, like suicide—Peter consciously compares them—has as much the meaning of a ' primary mania ' as of a ' secondary mania '. Masturbation is for him a means of " getting rid of the poison " he has in his penis, and he terms it autocastration as a defence against the danger of being castrated. While coitus is for him killing and giving vent to his rage (primary mania), masturbation is at the same time the rejection of these impulses by means of their turning towards the ego; in effect, he sometimes hurts himself while masturbating. On my telling him once that since he feels so accused by me on account of his masturbation, there must be some impulse against me contained in it, Peter answers, " No, on the contrary; I masturbate so as *not* to attack you. In my last dream my penis was a revolver, and in this sense I masturbate so as *not* to come here with a strong penis and my testicles full." Thus Peter's masturbation is—in one aspect—the equivalent of a melancholia process, in which the aggression is aimed profoundly against an object (primary mania) and suffers afterwards a turning against the ego, i.e. against an object—the ' primary persecutor '—introjected in the ego (secondary mania).

We see again a close relationship between the secondary manic situation and the superego depression, a relationship already evident in the fact that suicide, that is, the culmination of the melancholic process, appears also as a secondary manic situation. Objectively, the situation we have at one time designated secondary mania and at another superego depression is the same, constituting two aspects of the situation of the ego (identified with the primary persecutor) subjected to the persecution of an internal object (superego, secondary persecutor). The difference seems to lie, in the first place, in the fact that in the secondary *manic* stratum Peter feels identified with the superego or secondary persecutor, and takes the ego (primary persecutor) as an object of his impulses, while in the superego *depression* stratum Peter feels identified—if this expression is allowed—with the ego, and the object is the superego. Which of the two experiences preponderates very likely depends on the intensity of the preceding dissociations. The more intense these and therewith the paranoid experiences are, the more intense later will the manic element be.

VI

Upon the object-imagos of the secondary depressive and paranoid situations there seem to be superposed little by little the ‘ real ’ imagos of the parents; instead of the objects that are destroyed and wish to destroy, that suffer and retaliate, the parents who forbid (and allow), who punish (and reward), are gradually perceived and introjected as such in the superego. In its deepest aspect, the superego is the injured (original) ego that pursues (‘ accuses ’) the ‘ bad object ’ which has been introjected in the ego, such as Freud describes it in *Mourning and Melancholia*. Thus the superego is the victim that executed his vengeance and ‘ accusation ’, just as the ego reacted in the primary paranoid-depressive situations in face of the frustrations the objects caused it to suffer.

These two aspects of his inner objects (the ‘ moral ’ and the ‘ pre-moral ’) appear in numerous expressions in Peter's material. Thus, for instance, his oral sadism (that is, one of the expressions of his ‘ primary manic impulses ’) is sometimes avenged in fantasy with the same impulses on the part of the object, whilst at other times the latter reacts with rejection and abandonment. In the second case the rejection has frequently a ‘ moral ’ character; in the first case one id answers another id. In both cases the imago of the object is the result of the projection of the superego, either from a superficial level or from a deeper one. As a rule, all the ‘ secondary ’ situations are overlaid by the corresponding moral superego situations: the secondary depressive situation, in which there predominates the affect (Peter's grief over the destroyed loved objects), is overlaid by the superego depression in which predominates the moral principle, the successor of the ambivalent affect (2) (Peter's " duty "); the secondary paranoid situation (in which the parents wish to kill Peter) is overlaid by the superego paranoia (in which " everybody points at me "). Likewise the ‘ secondary mania ’, for example, Peter's suicide fantasy was at the same time a ‘ superego-mania ’. We have already seen the ‘ moral ’ character of this fantasy: it was " *the punishment* for the crime " (and not only liberation from the persecutors). By uniting in the suicide crime and punishment " both at a time ", Peter not only spares himself the anxiety of waiting for punishment and thus escapes from the *superego paranoia*, but also demonstrates that he himself is the *victim*. Thus he *denies* that he is the victimizer, *incriminates* the objects and becomes their *creditor* (*superego-mania*).

All his sufferings—all the expressions of his moral masochism—have likewise, in one aspect, the significance of a ‘ superego-mania ’, that is to say, of an identification with the superego, i.e. with the attacked and persecuting object, whereby the preceding situation, the superego-paranoia, is inverted. In this way Peter frees himself from the persecutor and triumphs over him, outside (projected) and, at the same time, inside (introjected in the *ego*). The asthma, for example, appears the moment his ‘ primary manic ’ impulses and fantasies are mobilized, by which Peter runs the risk of being absorbed and killed by the ‘ secondary persecutor ’. But this persecutor is at the same time the accusing moral superego. Through suffering Peter not only seeks to expiate but also to *invert* and *deny* the guilt (the object is guilty and not Peter), and thus dominate the object. This was manifested, for example, in Peter's one day having the impression of the failure of these manic purposes in the transference: " I wanted you to worry about me, to have guilt feelings if things go wrong with me, if I didn't find a wife, if I have asthma; and now I see you are completely indifferent. . . . You're a wretch who doesn't even deserve my having asthma! "

In one plane Peter lets himself be stifled in a masochistic defence by the object introjected into the superego. At the same time he controls and manages this object (within his superego and projected) by means of his illness, and his reproaches are a concealed ‘ justicealized ’ execution of his ‘ primary manic impulses ’. Besides, on a deeper plane, the object is introjected into the ego (in his bronchi) and it is Peter who, from his superego, attacks the object. Finally, the suffering is a manoeuvre so as to be able to satisfy the primary manic impulses " *later* " (he lets himself be eaten in part in order to be able to eat later himself), and has, then, also in this sense a ‘ manic ’ significance. One day when Peter sees the hope of a certain sexual adventure frustrated, he exclaims: " With my asthma these days I have paid a tribute in order to be able to allow myself the sexual relations later. Now I am like someone who has paid for his ticket and then cannot take the train."

To sum up: all the expressions of his ‘ masochistic submission to the superego ’ are based on the introjection of the attacked and persecuting object ‘ in the superego ’ and its subsequent introjection in the ego. In this way the ego becomes attacked and persecuting. On a deeper plane this ego is the ‘ primary persecutor ’, i.e. at bottom, the same object as was later attacked. As is well known, the secondary masochism contains, on the one hand—in the ‘ *depressive plane* ’—the desire to protect, recover, and even restore the object through the turning of the aggression against the ego, tends to the expiation of guilt, etc. On the other hand—*in the paranoid-manic plane*—we find the following meanings:

(*a*) In so far as it is a question of the (*re-*)*introjection of the secondary persecutor* (*or of the projected superego*) *in the superego* the subject tries to *free himself* from him and to *control* him (by doing himself what the other wished, and anticipating him) which at the same time represents a *triumph* and a *mockery* over him. The execution of the self-attack also represents a realization of the ' manic impulses ' against the object (primary persecutor) introjected in the ego.

(*b*) In so far as it is a question of the (later) *introjection of the attacked object* (*superego*) *in the ego*, his own manic impulses are *denied*, the ' bad object ' is outside, which permits at the same time a certain realization of the manic impulses against it (' afterwards ', through having made advance payment for them); this realization may take place in an uninhibited instinctive plane or as an *accusation against the object*, which may represent a ' justice-alized ' sadistic act.

Summing up Peter's clinical picture and relating it with the instinct theory, three levels can be distinguished: at bottom, the ' primary depressive-paranoid situation ' which corresponds to the primary masochism; then the ' primary manic situation ' which corresponds to the (reactive) sadism (the deflected primary masochism); and finally—in defence against the consequent ' secondary and superego depressive and paranoid situations '—the ' secondary and superego manic situations ' which correspond to the secondary masochism, in one of its aspects. I refer to the ' paranoid aspect ' of the secondary masochism, i.e. to the search for suffering in order to escape from a persecution, this being carried out through the identification with the ' secondary persecutor ' or with the superego persecutor. The other aspect of the secondary masochism, its ' depressive aspect ', consists in the search for suffering in order to keep and preserve the object, this being carried out through the identification with the victim or with the persecuted object as is inherent in the ' secondary depressive situation ' and in the ' superego depression '.

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‘ R ’—THE ANALYST’S TOTAL RESPONSE TO HIS PATIENT’S NEEDS [1]

By

MARGARET LITTLE, London

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I. INTRODUCTION

This paper contains a number of themes each of which requires a paper to itself. In considering them together in their relatedness I am having to condense, and am risking being misunderstood, owing to the inevitable distortion and loss of clarity; at the same time I am making the one paper long and weighty. I hope to do more justice to my themes later, when I can develop them further separately.

The ideas that I am putting forward follow on from those expressed in my previous paper, ‘ Counter-Transference and the Patient’s Response to it ’. They have come to me both through analyses of my patients and through my own analysis. I will illustrate them with some material from the analysis of one patient in particular.

Most of the patients I have analysed come into the category known as ‘ psychopaths ’ and ‘ character disorders ’, some of them being quite seriously ill and disturbed people, with a great deal of psychotic anxiety. Although much of what I have to say seems to apply mostly to patients of this kind, I do not think it is in any way limited to them, but can also apply to both neurotic and psychotic patients.

II. THE SYMBOL ‘ *R* ’

In my previous paper I tried to find an agreed definition of ‘ counter-transference ’, and found that ‘ The term is used to mean any or all of the following:

(*a*) The analyst’s unconscious attitude to the patient.
(*b*) Repressed elements, hitherto unanalysed, in the analyst himself which attach to the patient in the same way as the patient “ transfers ” to the analyst affects, etc., belonging to his parents or to the objects of his childhood; i.e. the analyst regards the patient (temporarily and varyingly) as he regarded his own parents.
(*c*) Some specific attitude or mechanism with which the analyst meets the patient’s transference.
(*d*) The whole of the analyst’s attitudes and behaviour towards his patient. This includes all the others, and any conscious attitudes as well.’

Humpty Dumpty said: ‘ When I use a word it means just what I choose it to mean—neither more nor less ’, and when Alice questioned whether you *can* make words mean so many different things, he replied ‘ The question is, which is to be Master—that’s all.’ Our difficulty here is to get one word not to mean as many different things as there are people using it.

Besides the confusion between these various meanings the term ‘ counter-transference ’ has also come to be invested with an emotional charge, which makes discussion difficult. It is obviously impossible to avoid either the confusion or the emotional charge altogether, but to reduce both to a minimum I am introducing a symbol, *R*, to denote what I am talking about, defining it as '*the analyst's total response to his patient's needs, whatever the needs, and whatever the response.*'

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[1] Enlarged from a paper given at a Scientific Meeting of the British Psycho-Analytical Society on 18 January, 1956.

R, then, includes all that is conscious, and all that is unconscious, what is unconscious consisting of what is repressed (whether normally or pathologically), and much besides that has never been conscious. In other words, it includes things belonging both to the analyst's ego, his superego, and his id. It corresponds to the fourth of the definitions quoted above.

I will use the word 'counter-transference' only to denote the second of these definitions, and it will be seen that 'counter-transference' is then *part*, only, of what I have called *R*.

III. DEFINITION OF 'TOTAL RESPONSE': 'NEEDS'

(*a*) '*Total Response*'

In using the expression 'total response' I have deliberately chosen an omnibus word, and I want to make my position clear about it. I am using it to cover everything that an analyst says, does, thinks, imagines, or feels, throughout the analysis, in relation to his patient.

Every patient who comes for analysis has certain needs, and to these his analyst responds in a variety of ways. The response is inevitable, and valuable; it is an indispensable part of the analysis, providing a large share of its driving force. It is the resultant of the balance, interplay, and fusion between the analyst's love for his patient and his hate of him.

What an analyst says and does in the analysis of patients is frequently separated out into 'interpretation' and 'behaviour' with the belief that only 'interpretation' is of any real use to the patient. Such a separation in itself is false, for the giving of an interpretation is in fact a piece of behaviour, as are its form, timing, etc. These are no less matters of behaviour than are the analyst's shaking hands with the patient, or not shaking hands, the conditions he provides (both for the patient and for himself), his silence, listening, reacting, or not reacting.

All these things are the outcome of his feelings, whether conscious or unconscious. However much he is aware of, there is always far more that is unconscious, which exerts more dynamic pressure than that exerted by what is conscious.

Limitations can be imposed to make the amount of interpretation maximal and of other kinds of behaviour minimal, but too great limitation leads to rigidity and stereotypy. Limitations cannot be absolute, or standardized. It would not be desirable even if they could, as it would only too soon involve the negation of a basic principle—that of the value of the individual (both to himself and to society) whether that individual be the analyst or the patient.

(*b*) '*Needs*'

'Needs' in this context is another omnibus word, also deliberately chosen. The ultimate need in every case, of course, is the gaining of insight with growing appreciation and apprehension of reality. But on the way to this many of these severely ill patients have other needs which have to be met; if they are not met analysis becomes impossible. The most obvious is hospitalization, but short of this there are many times when an analyst has to intervene; arrangements for care by the family doctor, control of sedative drugs, contacts with relatives or friends, control of acting out (often necessary for the patient's safety), all these may be needed, apart from the ordinary routine fixing of the conditions for the analysis such as money arrangements, times of appointment, and, of course, the initial choice of patient.

Without these things, in many cases no amount of understanding or of careful and accurate interpretation will make it possible for the analysis to be carried through. With them it may be possible, even though they may be felt by both patient and analyst as interfering and delaying; only the outcome of the analysis will show whether they really were so or not.

IV. RESPONSIBILITY; COMMITMENT; FEELING; LIMITS; 'GOING ALL OUT'

(*a*) *The Analyst's Responsibility*

Responsibility in analysis is not a simple thing; the analyst has not only a responsibility to his patient. He has also a responsibility to himself, to psycho-analysis, and to the community. There are many responsibilities which his patient or society would like to put on him, but there are also limits to his responsibility.

For the whole of his response to his patient's needs the analyst's responsibility is 100 per cent. I have considered this statement carefully, to see whether it should be qualified or modified in any way, and cannot find that it should. The analyst's words, ideas, feelings, actions, and reactions; his decisions, his dreams, his associations, are all his own, and he must take responsibility for them even though they arise from unconscious processes. No responsibility for them can be shared with anyone else, nor can they be delegated in any way. This seems to me to be true, unvaryingly, for every analysis.

What does vary comes within that 100 per cent responsibility; i.e. the extent to which the responsibility can be delegated or shared, and to or with whom. The decision when to delegate it, and how, are still the analyst's responsibility.

There are roughly three classes of patient, the outlines of the classes being ill-defined and variable; any one patient at different stages of the analysis may pass from one to another.

(i) Frankly psychotic patients, for whom responsibility has to be delegated to other people—doctors, nursing staff, relatives, etc.—for purely practical reasons. Suicide risk, danger to others, general irresponsibility and violent acting out are the commonest reasons.

In these cases the strain is largely carried by the patient's environment and so can be lifted temporarily from the analyst.

(ii) Plainly neurotic patients, where responsibility can be delegated to the patient himself. This depends on the presence of an intact ego and a good reality sense, for the taking of responsibility is one of the highest functions of the ego, and is closely related to stability.

These cases are least strain for an analyst, as the patient bears his own strain to a large extent. But it is important that both analyst and patient recognize that there is this sharing or delegation of responsibility, and that the ultimate responsibility throughout the analysis is on the analyst. A time comes in every analysis when the patient needs to bear his own strains, and to take over responsibility for himself, but he needs to understand what is happening, and why. In any case, owing to the conditions in which we work some such sharing or delegation is unavoidable.

(iii) Between these two groups there lies the large group of ' character disorders ', ' psychopaths ', and ' borderline psychotics ', for all of whom any kind of delegation is extremely difficult and often impossible. It can be done temporarily as in either of the other groups, but usually only to a limited extent.

In this class of patient the therapist's responsibility can be seen most clearly, and the ' management ' of the case is of great importance. This is the type of case which puts perhaps the greatest and most continuous strain on the analyst himself, for the very reason that delegation is so difficult. Patients in each of the other groups involve it in certain phases of treatment, especially transition phases—e.g. when a psychotic leaves the mental hospital, or a neurotic is in a temporary regressed state.

There are limits to the responsibility of the analyst: no human being can carry more than a certain amount of it. It is worth while remembering that no one is under obligation to do analytic work unless he chooses, and no analyst is compelled to take on very disturbed patients. He has the right to refuse to undertake an analysis in conditions which he considers unsuitable or unsafe, and to refuse to continue if the conditions are changed for any reason after the analysis has begun.

Two other self-evident things are often forgotten, even by analysts. No analyst has to attempt the impossible and he does not have to have 100 per cent ability to understand or interpret; even in a long analysis there will be many things left at the end, un-understood by either patient or analyst.

Every patient needs at some point in the analysis to become aware of the responsibility which the analyst is taking (whether that includes the responsibility for his life, or his acting out, or not); and it is surprising how few patients have any idea that the analyst takes any real responsibility whatever in regard to them. Various writers, from Freud and Ferenczi onwards, have described the way in which the patient uses the analyst as an ego; Phyllis Greenacre puts it: ' The analyst acts like an extra function, or set of functions which is lent to the analysand for the latter's temporary use and benefit.' I think this is as true of the responsibility-function of the analyst as of anything. Stability in the analysis depends upon it, and the patient's ultimate capacity for taking his own responsibilities depends on his having a reliably responsible person with whom to identify.

(*b*) *Commitment*

The taking of responsibility involves first of all the making of an accurate assessment of the patient, as regards both superficial levels and deeper ones. This does not, of course, mean immediate recognition of all that the deeper levels contain, but that they are there, and to what extent they are contributing to the success or failure of his life and relationships, i.e. to what extent and in what kind of way he is disturbed. This knowledge has to be gradually increased, widened, and deepened until the patient is as fully known as possible. It means, in effect, recognition of the patient *as an individual*, a person; the realities of his childhood and his present life need to be understood, as well as his fantasies. The analyst both enters and becomes part of the patient's inner world, and remains outside it and separate from it.

To do this involves a willingness to commit oneself—100 per cent at times. It is only possible to the extent to which the analyst is able to be a person himself, i.e. to have an outline, or limits, and to be able to bear loss of outline or fusion; that is, his capacity for making identifications and remaining uninvolved.

The analyst's commitment of himself is quite obvious in some respects; he undertakes to give the patient at and over certain agreed times his attention, his interest, his energy; all within the ordinary limits of human capacity. He stands committed to his words and decisions, his mistakes and failures as well as his successes.

There are occasionally other kinds of commitment which are unavoidable; I have had to give evidence, on oath, in a court of law, in the patient's hearing. This does not happen often, fortunately, but commitment of this kind occurs in cases where acting out brings the patient into conflict with the outer world, which then takes action against him. It serves to demonstrate clearly the 100 per cent degree of the commitment.

It is difficult to express what I mean by this 100 per cent commitment, beyond these more obvious things, in such a way as to make it understandable. Most analysts feel that these things are not the limits of their commitment, but I have not found a complete definition or description of it.

Freud spoke of ' evenly hovering attention ', and it may be that I am really only speaking of the kind and degree of attention involved when I say that the analyst puts both what is conscious and what is unconscious in himself at his patient's service.

These have to be made available to the patient in forms that have meaning for him, and that he can use. These forms may be verbal or non-verbal. The patient's capacity for symbolization and for deductive thinking largely determine this, and these depend on what has happened to him in his early development. Different patients may need different forms, and for any one patient a form that is usable and meaningful at one time may be useless at another.

Ultimately, of course, the form has to be verbal and interpretative, but an object (apple, biscuit, rug, etc.), as Mme. Sechehaye has shown, can have an effect *like* that of an interpretation, and can be linked with verbal interpretations later, when the capacity to use symbols has been developed far enough.

The full implication of this is that the analyst goes with the patient as far into the patient's illness as it is possible for him to go. There may have to be times—moments or split seconds even—when, psychically, for the analyst nothing exists but the patient, and nothing exists of him apart from the patient. He allows the patient to enter his own inner world and become part of it. His whole psyche becomes liable to be subjected to sudden unheralded inroads, often of vast extent and long duration. He is taken possession of, his emotions are exploited; he has to be able to make all kinds of identifications with his patient, accepting a fusion with him which often involves the taking in to himself of something really mad; and *at the same time* he has to be able to remain whole and separate.

Unless the analyst is willing to commit himself, and makes that commitment clear, it is often quite impossible for a patient to commit himself to his analysis. To commit oneself means to give something, and to waive one's rights. Very deprived people cannot give anything, until they have first been given something; neither do they believe that they have any rights. It has to be made clear to them that something *is* given, that it is given willingly, and that it is part of the analysis for it to be given and, therefore, they have a right to have it.

What is given is not given out of the analyst's need to give, but out of the situation where person-with-something-to-spare meets person-with-need. It is essential that the analyst fully admits that what is ' to spare ' and is given is limited; it is of the nature of a ' token ' or a ' stand-in ', and does not in fact really fit the patient's need (though the more nearly it can fit the better), as the deepest needs cannot really be met except by enlargement of insight and grasp of reality.

(*c*) *Feeling*

This commitment, whatever its range, involves feeling. The analyst has to be willing to feel, about his patient, with his patient, and sometimes even for his patient, in the sense of supplying feelings which the patient is unable to find in himself, and in the absence of which no real change can happen. This is so where change is feared, and the situation is controlled by the patient keeping his feelings unfelt—i.e. unconscious.

The analyst's real feeling for the patient, and his desire to help (there has to be some feeling, whether we call it sympathy, compassion, or interest, to prompt the starting and continuing of the analysis), these need to be expressed clearly and explicitly at times when they are appropriate and are actually felt, and can therefore come spontaneously and sincerely.

Very disturbed patients, and at times even less disturbed ones, cannot make accurate deductions, so that leaving these things to be deduced, or even talking about them, is meaningless; there needs to be some actual direct expression as and when (but *not* whenever) they occur. In *The House of the Dead* Dostoevsky says, ' The impression made by the reality is always stronger than that made by description ', and I have found this to be particularly true in this connexion. Pretended feeling would be worse than useless, but absolute restraint of intense feeling is of no real use either—it is inhuman, and it gives a false idea of the aim of analysis to enable the patient to have and express his own feelings. It gives the impression that expression of feeling is something allowed only to children or patients, but forbidden in a ' normal ' or grown-up world.

From the point of view of the analyst absolute restraint of feeling is unreal, and it can make too great a demand on him. Self-imposed limitation there must be, but this is not the same thing as absolute restraint; there is no difficulty with less intense feelings which can find their expression comparatively easily in indirect ways.

I have been talking rather of the conscious expression of feeling, whether deliberately predetermined, or on conscious impulse. ' Reacting ' is something different. There are times when a reaction of quite a primitive type is not only not bad, but positively helpful. When an angry patient shakes his fist in my face, and I flinch, the reaction is in itself a reminder of reality; it quickly recalls him both to the fact that he could actually damage me and that I am only on one level the person he wants to hurt. Other reactions, not only bodily ones, can on occasion have similar effect and are not altogether to be despised; they can sometimes reach the ego in ways that are closed to interpretation, quite apart from the time factor of their speed.

It has been objected that expression of feelings by the analyst either gives too great gratification, or is a burden to the patient. In my experience, neither of these things *need* be so, though of course they *can*. Provided the necessary identification with, and separateness from, the patient are working right, such expressions of feeling tend to happen at the right times. If they are not, then any other way of treating the situation is also liable to make for difficulty.

Reactions, or expressions of the analyst's feelings, however, are not substitutes for interpretation, although they may in certain circumstances act like them. They open the way for interpretation by making the patient accessible, i.e. by establishing contact in a fresh area which has hitherto not been reached. Interpretations have to be given as well later when they can be used, otherwise the only change achieved is that of opening the way, and if interpretation does not follow it closes again, and resistance is increased.

Having one's feelings available to this extent is at times a very great strain. To feel real hate of a patient for weeks on end, or to be suddenly flooded with rage, is extremely painful, as it is accompanied by guilt; and it makes little difference whether the feelings are due to the patient's projections or whether they are objective and called forth by the patient's actual behaviour. Real damage can be done if they remain unconscious, but there is little danger if they become conscious. Recognition of them alone brings some relief, and the possibility of either direct or indirect expression. Dreams are often helpful in finding the unconscious, disallowed love or hate of one's patient.

Guilt or self-consciousness about these feelings for a patient can lead to both stereotypy, and a false separating off of ' the analyst ' from the rest of the person (splitting, in other words, where it is not appropriate), with results that can be dangerous for very ill patients.

The range of feelings that can be aroused, of course, is enormous. I have spoken of rage and hate, but these follow such things as bewilderment or confusion, incomprehension, fear (of being attacked, that the patient will kill himself, of failure, etc.), guilt. Love, excitement, and pleasure can be as difficult; when a patient at last accepts an interpretation, or makes real progress; even, when from hating violently his mood and feeling change to something more friendly, a sign of relief may help him to become aware of a change which otherwise he might deny and not recognize, and also may help him to know something of what he is arousing in someone else—again something which he would otherwise be unable to believe.

Like responsibility and commitment, feelings for a patient have their limits. The claims of other patients and of one's own life assert themselves, the material changes, and the feelings change. Unless an analyst is ' in love ' with his patient there is no real risk of his feelings getting fixed, or of his having to go on and on expressing them, which is what people fear if any feeling is expressed at all.

The benefit to the patient, too, is limited in its extent. Sooner or later he has to realize that no one else can do his loving and hating for him, he has to feel on his own account and to take over the responsibility for it. But meanwhile he has had a feeling person there, and the opportunity to identify with him, both by projecting his own un-feelingness and finding the projection, and by introjecting the feeling analyst.

(*d*) *Limits; ' Going All Out '*

I have shown that responsibility, commitment, and feeling all have their limits; these will, of course, vary with the different types of patient treated and the individual analyst. They are of great importance as they provide points of separation.

When a limit is reached and the patient becomes aware of it, and aware of the impossibility of going beyond it even though his needs and demands go further, he becomes aware too of his separateness. If his ability to bear separation is very small, then every limit will be reached too soon, and the demand on his ego will be too great and a reaction of some kind (e.g. a piece of violent acting out, or the development of a physical illness) may follow unless the situation is very carefully handled. Limits which are within the ego's capacity, whose logic and reality are within his grasp, provide growing points and places where the ego can be strengthened.

In contrast with the limits are the 100 per cent of the responsibility, commitment, and acceptance of feeling and reaction. They correspond to the ' no-limits ' of ideas and words allowed to the patient and help to make them a reality.

Some patients are so ill that their treatment cannot succeed without the expenditure of enormous effort, both extensive and intensive; in such cases the difficulty is always to get the patient to make his own effort an ' all out ' one, and it is only if he realizes that his analyst is ' going all out ' on his behalf that he can find it worth while to do so himself.

V. MANIFESTATION OF THE ANALYST AS A PERSON

Each of these things, responsibility, commitment, feeling, etc., carries with it *a manifestation or affirmation of the analyst's self as a person*, a living human being with whom it is possible to have contact and relationship.

The idea of the impersonal screen or mirror has served, and still serves, a very valuable purpose in isolating the transference in neurotic patients. But it can be used defensively, even in an almost concrete, non-symbolic way at times, by either patient or analyst.

For patients dealing with psychotic anxieties, and especially those suffering from actual psychotic illness, some more direct contact with the analyst is necessary. Symbolism and deductive thinking are needed where direct contact is minimized, and both of these are defective or lacking in such patients. Their development is impaired where the realities of the patient's childhood have coincided with the phantasies which he needed to work through. When this happens projection becomes not only useless, but quite impossible.

Every patient tests his analyst constantly to find out his weak spots and limitations. He has to find out whether the same thing is true of the analyst as of himself—i.e. that the relation of ego strength to instinct-tension is inadequate. If he can prove that his analyst cannot stand anxiety, madness, helplessness either in his patient or himself—then he knows for certain that what he feels must be true; the world will fall to pieces and be shattered by his discharge of tension, whatever the form it takes; and again, since he and his analyst are the same, then they must be one and indivisible.

It is therefore of vital importance to discover that the analyst not only can bear both tension and its discharge, but that he can bear the fact that there are some things he *cannot* stand. The difference between anxiety and panic, and the difference between his own anxiety and fear of his patient's anxiety, can be seen when the analyst can fall, pick himself up, and go on again. This is where recognition of counter-transference in the literal sense of the word (second definition) is of greatest importance. It may be necessary for it to be recognized by both patient and analyst, and denial of it by the analyst where it is present and the patient has seen it can have serious results. (Simple admission of it is enough; details are the analyst's own affair, but that there is counter-transference affecting the analysis is the patient's affair and he has the right to the acknowledgement.)

Every analyst, of course, has his own particular areas of difficulty about letting things happen, especially in himself. This relates to the whole problem of control, but it may be essential for some patients to see their analyst react or act on impulse. Remembering the biological origin of both reaction to stimulus and instinctual impulse, and that not all ego activity is immediately conscious, I think it is a mistake to regard either as intrinsically undesirable or dangerous even in an analyst's work. In any case, when an analysis is moving swiftly, and ideas follow each other in rapid succession, or mechanisms are changing, it is impossible to be always a step ahead of the patient, or always to think before speaking or acting. One finds one has said something. If the unconscious contact with the patient is good, what is said in this way usually turns out to have been right. Unconscious counter-transference is the thing that is most likely to prompt a wrong response, and the only safeguard against that is the analyst's continuous self-analysis.

The effect on the ego of conscious recognition of one or other of these things in an actual known person (as distinct from either a machine or a 'type') is to make it accessible to transference interpretations, and to other recognitions of reality. I have often found such a recognition to be a turning-point in an analysis. By means of them a human being is discovered, taken in, imaginatively eaten, digested and absorbed, and built up into the ego (not magically introjected); a person who can take responsibility, commit himself, feel and express feeling spontaneously, who can bear tension, limitation, failure, or satisfaction and success.

The patient is enabled to commit himself to his analysis; his paranoid anxiety is relieved *in a direct way*, and transference interpretations can come to mean something to him. He begins to be able to meet reality and to deal with real people instead of with his phantasms. The development of relationship becomes a possibility, with its need for bearing both fusion and separateness, and the risk of feelings being aroused in another person, or by another person.

VI. Clinical Material

The material which I am using to illustrate my points consists of half a dozen episodes from an analysis. This involves compressing into the space of ten minutes things which belong to ten years; it can only give a very distorted picture, and I am aware that it is only understandable to a very limited extent.

The condensation of ten years into ten minutes is in fact quite appropriate, for my patient, Frieda, has been disorientated in time throughout the analysis, and she has used time in ways that are personal to her, and that cannot be readily understood. This disorientation has been her main regressive feature; she has had no regressive illness, and very little obvious regression in the sessions.

She was referred to me for stealing, though she did not mention it to me for over a year. She talked instead of her difficulties with her husband and children; she also had a skin rash, affecting chiefly her face, vulva, and the inner surfaces of the thighs.

Apart from her husband and me, only one of her acquaintances knew about the stealing; this was a psychiatric social worker who happened to be there when a detective came to question her. This woman saw the detective with her, arranged for the stolen things to be returned, and for Frieda to seek psychiatric help.

Frieda's childhood in Germany had been a very traumatic one. Her parents were Jewish. Her father was a very brilliant man, but vain, selfish, and megalomanic. His magical belief that no ill could befall him led to his remaining behind when all his family emigrated, and eventually to his death in a concentration camp. Her mother is still alive—possessive to the last degree, mean, prudish, and insincere. She quarrelled with her own relatives for thirty years, and then with her husband, breaking up the marriage. She reviles him to her children, and now speaks of the marriage as always an unhappy one. She enjoys quarrelling for the sake of sentimental reconciliations.

Both parents exploited their children. Frieda was made to be responsible for the younger ones; she was expected to wait on her father, forced to do things which she might have done of her own accord, if left alone, for she was very fond of him. In return for the mother's compelling her in this way her father would punish any revolt or shortcoming by beating her with his riding crop, especially when she obstinately refused to say she was sorry for disobeying her mother. Her mother punished her by hitting her, dragging her upstairs by her long hair, and locking her in the dark broom cupboard. When she was about four years old she was 'cured' of masturbation by being put into a cold bath for fifteen minutes at a time.

Her mother never forgot her crimes, even when they had been punished, atoned for, and ostensibly forgiven; they are kept in 'cold storage' and brought out twenty years later, in all their original intensity. She still tries to exploit Frieda emotionally.

This picture of the parents came out slowly. At first they were described as loving, ordinary people, and it was with great surprise that Frieda found she had this other picture hidden away.

Frieda was the eldest child; she was a disappointment to her parents, who wanted a son, to be called Friedl, after the father. She was breast fed for a few days only, as the milk ' dried up ' when her father joked to his wife about the child resembling a friend of his rather than himself.

At school she was unhappy, being often withdrawn, confused, and in a dream state. At one school she was made the subject of a lecture from the headmaster, in front of all the staff and pupils, for taking pieces of bread to school and eating them under the desk. After leaving school she had several sexual adventures and finally married a Russian and came to England.

Her friends found her capable, gifted, cultured, generous, and warm-hearted. She is all of these, but behind a façade there was a deeply unhappy, wildly impetuous and impatient child, who could bear neither tension nor separation. Her children were extensions of her own body, as she had been of her mother's, and were unconsciously exploited as she had been.

The stealing gradually appeared as part of a much larger pattern of impulsive behaviour which brought her into various kinds of real danger; the impulsive actions happened when there was stress of any kind.

The first seven years of her analysis were characterized by failure on my part to make the transference real to her in any way or to ' help her to discover it ', as she put it later. The analysis was carried out along ordinary lines, within the limits of accepted analytic technique. Many transference interpretations were given, but they were all entirely meaningless to her. The only thing was that often she would give advice or comment to her friends and acquaintances based on things I had said, and even attributing them to me. But still they had no personal meaning for her, and the changes brought about were very slight. Her condition was certainly improved; there were fewer thefts, and her relationships were in general a lot easier. We were preparing to stop, although both of us knew that the main difficulties still remained. I could sometimes get her to see where she was transferring something to her husband or one of the children, but never to me. Her emotional attachment to her mother was unchanged, and her mourning for her father never reached.

She had told me a story of a child who penetrated into a room which was forbidden, and guarded not by Bluebeard but by the Virgin Mary. The child's fingers were covered with gold which she found there, and she was punished by being cast out. My interpretations about her curiosity, whether about her own body or about me, telling her of her idea about me as the forbidding, punishing Virgin with the hidden gold, meant nothing to her. It seemed that the key to her own locked door was lost beyond our finding.

Suddenly and dramatically the picture changed. She came one day beside herself with grief, dressed all in black, her face swollen with weeping, in real agony. Ilse had died suddenly, after an operation in Germany.

I had heard of Ilse, among many other friends; there had been nothing to distinguish her from the others. Now I found that the main part of the transference had been to her and had been kept secret, apparently because of the guilt about the homosexual feeling towards her. She had been a friend and contemporary of Frieda's parents, and had transferred her friendship to Frieda when Frieda was six years old.

For five weeks this state of acute distress continued unchanged. I showed her her guilt about Ilse's death, her anger with her, and fear of her; I showed her that she felt that Ilse had been stolen from her by me; that she was reproaching the world, her family, and me; that she wanted me to understand her grief as Ilse had understood her childhood unhappiness, and to sympathize with her.

None of this reached her; she was to all intents and purposes out of contact. Her family bore the brunt of it; she neither ate nor slept, she talked only of Ilse, who was idealized and whose photos were everywhere in the home. She saw Ilse in buses, in the street, in shops, ran after her, only to find that it was someone else. My interpretations that she wanted me magically to bring Ilse to life again and that she wanted to punish herself and her environment for her unhappiness, fell on deaf ears; nothing reached her. She could not lie down; she sat for a few minutes at a time and ranged round the room, weeping and wringing her hands.

Her life was in evident danger, either from the risk of suicide or from exhaustion; somehow I had to break through. At last I told her how painful her distress was, not only to herself and to her family, but to me. I said that no one could be near her in that state without being deeply affected; I felt sorrow with her, and for her, in her loss.

The effect of this was instantaneous, and very great. Within the hour she became calmer and cried ordinarily sadly. She began to look after her family again and a few months later had found the larger flat they had been needing for years, which up till then she had declared was impossible. In fitting it up and moving into it she found a happiness that she had never experienced before, and that has lasted and grown. Her reparative impulses came into action in a wholly new way.

I had often spoken *about* feelings in connexion with myself, but this had absolutely no meaning for her; only those feelings that were actually shown and expressed meant anything at all. She remembered only too clearly having told her mother that she loved her, that she was sorry for things she had done, etc., with her tongue in her cheek; to say nothing of her mother's exaggerated expressions of a love for her father which was subsequently denied.

But I had also on two earlier occasions expressed my own feelings. The first was when I had sat listening for the hundredth time to an unending account of a quarrel with her mother about money, and also for the hundredth time had struggled to keep awake; it was boring, and as usual no interpretation would reach her, whether it was concerned with the content of her talk, the mechanisms, transference, her unconscious wishes, etc. This time I told her that I was sure that the content of her talk was not the important thing, that it was defensive, and added that I was having difficulty in staying awake as these repetitions were boring. There was a shocked and horrified silence, an outburst of aggrieved anger, and then she said she was glad I had told her. Her accounts of the quarrels were shorter and she apologized for them after that, but their meaning remained obscure. I now know that I was being to her the (dead) father whom she should have been able to tell how awful her mother was, and who should have helped her to deal in childhood with her mother's mental illness; I was also Ilse who should have been with her in all her difficulties. But if I had given this interpretation I am sure that it would only have met with the same response as all the other transference interpretations.

The second time I had been having some redecorating done; she prided herself on knowing just how this should have been done, and had often given me advice in a very patronizing way, which I had interpreted as her wanting to control me and own my house; to tell me things instead of having me tell her. This time I had had advice all day long from one patient after another, it was the end of the day and I was tired and, instead of giving an interpretation, without thinking I said crossly ' I really don't care what you think about it.' Once again the shocked silence was followed by fury and a really sincere apology. Soon after this came the recognition that most of the good advice she gave to friends and people she met casually in the street or in shops might quite well have been resented, and that in her anxiety to control the world she was, in fact, overbearing and a busybody.

After my telling her of my feelings at the time of Ilse's death, and linking it up with those earlier times, she told me that for the first time since starting her analysis I had become a real person and that I was quite different from her mother. She had felt whenever I commented on anything she did that I was her mother, and was saying, as she had always done, ' and you are an awful person '. This I had known and had told her was a transference manifestation, but all meaning of this interpretation was denied; it, too, only meant ' and you are awful '. She called me ' Lesson 56 ' in the textbook. Now she could link the textbook with the women's magazines which her mother had read and in which she found many of her fads and fancies. My feelings, being unmistakably real, were different from the counterfeit ones of her parents; they allowed her and her concerns a value which she had never had, except with Ilse. In other words, for her I had become Ilse in the moment of expressing my feelings.

From this time transference interpretations began to have meaning for her. Not only did she now often accept them when I gave them, but she frequently said ' You've told me that before, but I didn't know what it meant ', and even ' I remember you saying many times . . . *now* I understand it,' making the application herself of something which she had previously rejected.

Soon after this, for the first time, a pattern began to show in relation to the stealing and other impulsive actions. I was able to see that they now happened only when her mother was visiting her. But they were also increasingly dangerous. One day she was run over by a car and badly hurt on her way home from analysis. I don't know how she was not killed outright. Another time a neighbour of mine asked me, ' Is that woman who runs out of your gate across the road without looking one of your patients? She's very dangerous.' Again, another day I went into a main road near my home, at a busy spot, and there was Frieda, twenty yards from a pedestrian crossing, leaping madly about among the cars, putting everyone in danger, including herself. I showed her the relation of these happenings to her mother's visits, and their suicidal and murderous character. She rejected this idea, as she rejected any idea of herself as ill, and as she had previously rejected all transference interpretations.

A few weeks later, while her mother was staying with her, she was caught travelling without paying her fare, being in a hurry and having no change. That meant being charged in the magistrate's court. I gave her a certificate, stating that she was in treatment for her impulsive behaviour and that essentially she was an honest and reliable person (which was true). This, like my expressions of feeling, made a deep impression, for I had said openly the very opposite of what her parents had said when they labelled her ' liar ' and ' thief '. Her father had threatened to kill himself if he found his daughter was a thief.

She began to recognize her dangerous acting out, and to be afraid of it, but it still continued.

The next time her mother came she stole again, and now I said I wondered if I should not refuse to go on taking responsibility for her analysis if she had her mother there again; I had already told her several times that I considered that she was taking risks in doing so. At her mother's next visit she stole once more and I repeated what I had said.

I showed her that she had neither believed in the danger, in the reality of her illness, nor that I could have meant what I said. I assured her that I did, and that if she had her mother there again I could not take the responsibility for her; I would interrupt her analysis.

About this time she spent several sessions telling me of the bad behaviour of a child who was visiting her. She had also told me of her little girl's disobedience, and I had asked why she could not be firm and not allow them to go on doing the same things over and over again. This was an old story, she was never able to get obedience from her children without flying into a violent rage, and frightening them into it. She let them do just what they chose, rationalizing it as being ' modern ', or ' advanced ' and they would stay up late at night, miss school, etc., and neither she nor her husband could do anything about it; in fact, unconsciously they encouraged it.

I asked her what would happen if I refused to let her go on telling me these stories. I was as tired of them as she was of the children's behaviour. She ' didn't know ', and went on into another story. I said, ' I meant that; I'm not listening to any more of them.' She was silent, then giggled and said, ' It's *awful*. And it's *glorious*, to have you say something like that. Nobody has ever spoken to me like that before; I didn't know it could be like that. You've often told me about telling the children that I won't have them do things, but I simply didn't know how to do it.' And from then she began to be able both to accept ' no ' for herself and to say it.

Now, when I told her that I would stop her analysis if she allowed her mother to come again, I reminded her of this, and of her finding it ' glorious '. For the next three days she was in a panic and confusion. When it subsided she spent some time planning how to refuse to have her mother to stay. She put her off for some weeks and then the question came up again. Would I tell her what to say? Could she let her mother come and she would go out and sleep at a friend's house? I showed her that this was no solution and that she had to find her own way of dealing with the situation. After more panic and fury she told her mother for the first time about her analysis, and that I had forbidden the visit. This was tantamount to saying ' You are an awful person ' to her mother.

Next day she had an impulse to steal apples from a neighbour's garden; just as she went to slip through the fence with her basket she stopped herself and later sent one of the children to ask for some, and was delighted and surprised to be given them.

I showed her that in seeing her mother at all she had in fact defied me, in a token way, as well as obeying me, and that her altered behaviour over the apples depended on her having been able to accept ' no ' from me and to say ' no ' to her mother. She had found me reliable in that I meant what I said both about this and that even if I did stop the analysis I would not be angry. She had begun to believe in the realities she had been denying. From here her feelings about her analysis changed a lot; she began really to suffer, especially at the week-ends. One hour was not long enough, she was wanting me all the time and was living in her analysis all day long, even though she was doing her work more effectively and living her life differently. The transference became a reality for her at last.

She had difficulty in folding up the rug, in deciding whether to bring up my milk when she found the bottles on the step. These were old difficulties and she found she wanted to do quite opposite things about them; here I could show her how much of her feelings towards me had been put on to these things. She described herself as split (it was her own expression, I had not used it) and she showed me how far apart the pieces were, holding her hands about a foot apart; I reminded her that at one time part of her had been here and the other in Germany, in Ilse. She found that she wanted to look at me with ' stolen glances ', and found that she had had two beliefs, one that I was her mother, the other that I was Ilse; both had been held with delusional strength and with an hallucinatory quality which she could now begin to disperse by consciously checking up with the reality. The stealing came directly into the transference, and she found herself travelling without paying her fare on her journeys to me.

About this time she came into closer contact with my hate of her than she had been before, in a way that meant something real to her. One day we had met by chance at a concert, and she found me afterwards in the musicians' room, to her great surprise: ' I didn't know *you* knew X,' she said, quite angrily, and next day discovered that she had meant ' What right have *you* to be here? ' From there it became possible to show her (as I had often tried to do) how she had been trying magically to control me, and to have me with her everywhere. Much of her concert-going had been to go with me, and actually finding me there in reality had disturbed her fantasy. I showed her, too, what it would have meant *for me* to have met her often, to have come up against her possessiveness in that setting, for in her idea of herself, expressed in her behaviour and previous talk, she owned not only me, but all the concert halls—artists and composers as well.

Her recognition of her omnipotent fantasy led on to the realization that she had been expecting something unattainable and magical from her analysis. She had believed that it would make her husband, children, mother, brothers, and sister well, back in her childhood, and bring both her father and Ilse to life again. Her ' stolen glances ' enabled her really to see me as a person for the first time. ' I've discovered something; it's very painful, and yet I'm so glad. I found that I know nothing about you, nothing at all. What a fool I've been, I've put all that tremendous effort into trying to make you be something you aren't. Whatever I thought I knew, however I struggled to make myself understand, reading Freud, and Melanie Klein, all that effort was so *futile*. I feel so stupid. I was trying to force you.

I'm so sorry.' I said she need not be sorry. She glared at me, and burst out furiously, ' I *will* be sorry if I want to,' and then she told me of her secret game of ' associations ' in which she thought of a scent, a building, a book, etc., to ' associate ' with me. Now her ' secret glances ' showed her how unreal it had all been.

Next day I had a cold, and she felt it impossible to talk, as anything she said would be attacking me. She recognized that she was wanting something magical, two opposite things at once, to be there and to go away, to protect me and to destroy me. Now she had seen that no amount of analysis could make it possible. I spoke of the inner world of her imagining, and the world of outer reality; only in an inner one could it be like that, and while her inner world and mine might meet in places, they could never be the same. She was silent and, I thought, nearly asleep. She hid under the rug. When she came out she said she had been trying it out; she had thought, ' If I keep quiet I can be here, and not be here; and you go to sleep, dear, if you want to.' She felt relieved and whole, for it had worked. I told her that she had brought together the inner and outer worlds, allowing herself to have her own, and me to have mine. She had been a whole person, and separate from me.

The following day she found that she had been able to do something in an unplanned and unarranged way, and it had been good. This had never before seemed possible. And she had discovered a new sort of feeling that she did not understand; she felt gratitude towards someone she did not love, and had been able to help someone in a new way. It made her feel different both towards other people and towards herself. She had been ' arrogant ' before, now she could be friendly, and could like herself. I said she had found that she could like and dislike the same person, and so need no longer split me into two and put part of me elsewhere.

Then she recalled an incident when she was 4 years old. She was out with her father and she was holding a little stick in her hand, about the size of his penis. He took it and threw it into a stream, and showed her it floating away under the bridge. He said it was her naughty temper. She could not feel that it had anything to do with her, as she had not been in a temper at the time. She now saw that she had really believed it to be his penis; she had seen it as that, and had been disappointed and angry at his taking it from her. She knew now that it was true, as I had said, that she had never been able to mourn for him, as his death ' had nothing to do with her ', she had ' not caused it by being angry ', and yet believed that she had.

Here we could see more clearly than before how many things in the earlier part of her analysis had been difficult because of her failure to symbolize. For example, she had often fought with herself as to whether she should bring up the milk bottles she found on my doorstep or not. It had been utterly impossible for her to decide, and useless for me to interpret anything about it, or to tell her that it didn't matter which she did. Only now could she see that to her the milk bottles not only represented me (as I had said) but *were* me, and that she had wanted to kick them off the step, as she had been kicked by her parents, and by the car that had knocked her down. But in her delusion it meant *actually* kicking me. The rug, too, had had the same significance. At last she was free of them, someone else could fold the rug and bring up my milk. It was no longer her responsibility.

Her ambivalence became clearer. ' I hate you because I love you so much,' she said; and again: ' Damn you and blast you, and bless you, for loving you so much.'

Separateness was so far accepted; fusion or loss of identity has been more difficult. Along with the difficulty in accepting it goes the difficulty of allowing herself only to hate or only to love me, wholeheartedly, now that I am the person towards whom both are felt, instead of being the loved person while her mother is hated, or the hated one while Ilse is loved.

She described how she felt she was ' inside a capsule, and trying to get out, but altogether lost outside it '. The capsule is transparent, even invisible. She recalled, as a child of six, having drawn a circle in the sand with her foot, and danced inside it, believing herself to be invisible and feeling utterly bewildered when someone spoke of how she looked doing it. A similar thing happened years later when she ate pieces of bread in school not knowing that she could be seen.

Here at last, in her own description, is the basic delusion by which she has lived, and which has been her main defence throughout the analysis.

I linked it with an observation which I had made several times before, that I thought she had at some time witnessed the primal scene in a mirror, being screened from seeing directly. I spoke of the difficulty in understanding about a mirror unless someone is there to show the child her reflection, or unless there is some familiar and identifiable object that she can see both in the mirror and without it. She said ' You've told me before about seeing my parents in the mirror, and I've never believed it. I don't remember it—but I know which side my cot is—it's on the right side, and I *know* it. I can see a room, but all the furniture's strange—I don't know any of it.' Then she recalled hearing that in the second year of her life her father went to new employment and that for a short time the family stayed in an hotel. That was the only time she had slept in the parents' room as far as she knew, and the memory of it had been denied.

The ' capsule ' represents among other things her identification with her father, the magical father whom nothing could touch. It also represents the magical invisible penis by means of which she could remain one with her mother and with Ilse. Ilse she kept invisible—until her death shattered the 'capsule' and revealed her. My identification with Frieda in her loss and grief restored it, but with me inside it in Ilse's place.

It was this that made both mourning for her father and for Ilse possible, through the analysis of the transference which until then had been inaccessible.

For her to break the 'capsule'—to discard her delusions—has meant annihilation, both by separateness and by fusion. Only if someone from outside could break through it forcibly and safely could she emerge as a living, feeling person, and only a person with real feelings could do it by making her feelings available. Everything had to be held fixed, magically and invisibly, out of reach of the primitive destructive love-hate impulses. Now she is sitting among the ruins of a world that she has shattered, and is looking for ways of restoring it. Not restoring it by trying to bring her father and Ilse back to life, or to make her parents well and happy forty years ago and more, but doing so imaginatively by means of the new creative activities that are already at work in her, that we call sublimations.

She is happier now than she has ever been, and unhappier. Her mourning is not yet completed, but she is well on the way to it. Her home is a more reliable place for her husband and children, for she can say a thing and keep to it, she can differ from her husband without having a furious row in front of the children as she used to do, and she can allow them to be individuals. Her sex life has altered; she can now enjoy it, and have genital orgasm. The skin rash rarely troubles her and the world she lives in is becoming sane and ordinary (though there may be mad things in it), instead of it being hostile, anti-Semitic, and mad. She knows that it is through Ilse's death that she is getting well, she has accepted her pleasure in Ilse's death, and her hate, her destructive love, and her sadness.

I have not gone into the very complicated psychopathology of this case. For my present purpose it is enough to say that her capacity to develop a reality sense had been seriously impaired; symbolization and deductive thinking were largely replaced by concrete thinking. She was unable to distinguish between real visual and auditory impressions and hallucinations, or between reality and delusion. Splitting of the ego while it was still a body ego had resulted in persistent failure to make accurate perceptions, or accurate deductions from such perceptions as she made. The consequence of this was that all her transferences were delusional, and on them were based all her relationships.

She had to be reached, through layer on layer of splitting and denial, on the level of helpless dependence and no-separateness; the level of her paranoid delusion. This, like all other delusions, was not susceptible to transference interpretation; it had to be broken down in the most direct way possible, i.e. via the analyst as an actual person.

VII. Implications for Technique

The growing realization that there are many patients who cannot make use of transference interpretations until some change has taken place that makes the ego accessible leads to the question what alterations in technique are necessary, and what alterations in the theory of technique.

Difficulties in getting transference interpretations accepted, the arising of sudden unpredictable tensions which often result in violent acting out—these and other things have been regarded as due to some insufficiency in the analyst: insufficient analysis, failure to deal with his own anxieties, acting-out on his part.

Verbalization, understanding, and interpretation have been regarded as all-important. But the need for 'working through' has long been recognized as a necessary process in analysis. It is important to understand what is going on during that process, and whether there is anything that can be done to help it on.

Looking at patients such as the one I have cited, we find that patients whose reality sense is seriously impaired, who cannot distinguish delusion or hallucination from reality, cannot use transference interpretations, because the transference itself is of a delusional nature. Transference interpretation calls for the use of deductive thinking, symbolization, and the acceptance of substitutes. It is not possible to transfer something that is not there to be transferred, and in these patients their early experiences have not enabled them to build up either what needs to be transferred or a picture of a person on to whom transference is possible. They are still living in the primitive world of early infancy, and their needs have to be met on that level, the level of primary narcissism and delusion.

Ways have to be found of presenting reality to these patients, many of whom cannot use it as it presents itself in their daily life.

The reality that is present, available, in every analysis is the analyst himself, his functions, his person, and his personality. It is up to him to find his own token ways of using these to meet the individual needs of his patients, to find out what is practicable, and to set his own limits in the handling of his patient's anxieties, as far as possible determining consciously what he will or will not do, but being willing to act on impulse, and on occasion to react. This is part of his acceptance of himself as he is.

In the early days of analysis no analyst had much personal analysis, or much experience (either his own or other people's) to draw on, and in those days ' wild analysis ' did in fact lead to danger situations which could not be dealt with. But conditions are different today, and the assertions that certain things are dangerous, or impede the analysis, can be tested out. Many such assertions seem to me to have the mythical or superstitious quality of superego judgements.

We have to recognize that the same paradox that we find in other areas of life is there too in analysis—that the same thing can be both bad and good, that what is most valuable can also be dangerous and useless. This is as true of transference interpretation as it is of answering questions, expression of feeling, acting on impulse, etc., by the analyst. The great need is for flexibility, reliability, and strength (as opposed to rigidity), and a willingness to use whatever resources are available.

What I have tried to show is that the results that we all hope for and expect to get can be obtained if we are willing to approach the analyst's attitude to his patient from a new angle, and to recognize some of the things that are in fact done in analysis, but often disregarded or not admitted.

My own awareness of them has been increasing. I have been evolving my way of working since 1937, before I began training as an analyst. Later, I tried to discard what I already had in favour of a more classical or less ' unorthodox ' technique, and failed with a number of patients whom I still feel I would and should have been able to treat. In practice what I do varies widely from one patient to another. It is in itself an expression of the patients' individuality, and a confirmation that I am not impressing something on them that belongs not to them but to me. This approach has both advantages and disadvantages. Quantitative measurement is never possible in analysis, but the usual tests and checks can be applied, as in all our work.

The original assessment of the patient's illness can be re-evaluated in the light of his response to transference interpretations. If such interpretations are consistently felt by him to be meaningless, even if in fact he shows that they do mean something somewhere, or if, on the contrary, they are accepted but no changes in behaviour or ways of thinking follow, either of these I would regard as pathognomic of the presence of a deep split and a great deal of paranoid anxiety; the defences against it being stronger in the second case than in the first.

This means that ways of making the ego accessible to transference interpretations have to be found. Whatever is found will have to be subjected to the usual scrutiny.

My own questions run something like this:

Why do I do or say this?

How does it relate to things in myself—conscious or unconscious?

Why to X and not to Y?

Would I do or say it to this patient in other circumstances, another day, another time?

What effect does it have, and why?

Does the bringing of new material follow?

Is there any real ego development?

Could the same results be got otherwise? Quicker? Better?

If so, how, and why? And why have I not done something different?

One cannot always answer one's own questions right away. Sometimes the answers turn out to have been wrong; sometimes there is no answer to be found except that it felt right at the time, or was the only thing one could find to say at a time when something *had* to be said. Subsequent events usually show whether it was right or not, and when one finds an analysis going on well where one has done something out of the ordinary one's confidence in one's own unconscious processes increases. One's counter-resistances seem to break down more quickly, the work goes on often at a higher tension, and the analyst's greater spontaneity helps the patient to break down his own rigidity and stereotypy.

The main difficulty lies in a general state of unexpectedness. This does not mean everything being out of control, though it often feels like it to the patient. It is rather a state in which things can happen. The risk, of course, is that there may be a sudden ' triggering off ' in the patient, or in the analyst, when an unknown factor turns up. This, again, is something which can happen in any analysis, and has to be dealt with if it does.

The account which I have given of one patient's analysis, condensed as it has had to be, could be a very misleading one. The variations in technique which I have shown do not always come off. When they do, the effect is very like that of any right interpretation; there may be rejection first, and acceptance later, acceptance straight away, or there may be no immediate effect to be seen, and it may appear later that there had been some. When they do not come off, again, as with ordinary interpretations, something may happen or not. And like ordinary interpretations, if the time is right and they are appropriate, their effect is good; if not, the effect is bad, and they are mistakes like any other mistakes. In Frieda's analysis the things I have quoted did succeed, and were not mistakes; I think they were not just lucky flukes either, for I have experienced similar things in a number of other analyses with similar results.

The purpose of these things is quite clear, and limited. It is *to make the patient's ego accessible to transference interpretation by breaking up a delusional transference.*

Interpretation does not make any impression on delusion; the only thing that does so is the presentation of reality in a way that is comparable to waking up out of a dream. That is, finding that something that has been believed to be literally true is untrue, by confrontation with what is true. This does not make ordinary interpretation redundant, nor is it a substitute for it; it does not do away with all resistance. Ordinary interpretative work has to go on before such episodes as I have described, through them, and after them, and it still remains the main part of the analysis. Without it these other things would be useless but, in cases where the transference itself is of a delusional nature, they are the only kind of thing that makes transference interpretation meaningful and usable, for it is through them that a human being can be discovered behind the interpretations.

VIII. Summing Up

I have tried to show certain elements, some of which I consider essential, in the analyst's total response to his patient's needs, some ways in which they can be used directly, and the kind of effects that I have found from such direct use of them. They are things that in my opinion need to be made clear at some point in every analysis. They appear more obviously in the analysis of very disturbed patients, and less so in that of neurotics. They are there, implicit or explicit, in every good and successful analysis that is carried out, and something of them is there in every analysis that is even partly successful.

The analyst's total love and hate of his patient, which provide the motive force of his total response, contain both some things that are basic and non-variable and some that are variable. The analysis, as far as the analyst's share in it is concerned, depends mainly upon the quality of the basic, non-variable part. This, in its turn, depends on the extent to which the analyst's world in which he lives is a sane and friendly one—i.e. on how far he has been able to deal with his own paranoid anxieties and his depression—anxieties that are inseparable from the work that he is doing. If he can rely on it, and consequently on himself, it will probably be safe for his patients to do so, and they will come to do so increasingly. If not, it will probably not only be unsafe, but also impossible for them.

It is this basic, non-variable factor that provides the stability of the analysis (again, as far as the analyst is concerned). The variable things, the unconscious counter-transferences, the day to day or hour to hour variations in the amount of strain he is bearing, his health, his outside concerns, all these tend to make for difficulty, especially if they have too wide a range of variation. These are also part of the analyst's responsibility; he has to see to it that the range of variation is not too great, and that the variations do not get fixed or unfixed again too easily. But these things, like all the others that I have referred to, can be valuable as well as harmful; they are part of the analyst's life, and they make for life and movement in analytic work.

Analysis is a living thing, and like all living things it is changing all the while. Even in the few years that it has existed we can see many changes, especially in the field of technique. Patients are treated today who would have been thought unsuitable even a few years ago; Mrs. Klein has recently reminded us that such things as analysis of children, and interpretation of transference, were once looked at askance. We cannot know what analysis will become in the future; we can only know that it will change, that we are contributing to its future, and that today's changes will look different to those who come after us.

' Counter-transference ', in the various meanings of the word, is a familiar phenomenon. At first, like transference, it was regarded as something dangerous and undesirable, but nevertheless unavoidable. Nowadays it is even respectable!

But I feel that it should be a great deal more than this. We do not know enough about our responses to our patients, and have been (on the whole wisely) cautious in using them. But a very great deal of psychic energy goes into them, whether we wish it to be so or not, and if we are to get anything like the full benefit of this energy, either for our patients or for ourselves, we have got to be willing to experiment, and even to take some risks. I am sure that experimenting by trained and experienced analysts is essential for the further growth and development of psycho-analysis, but it needs to be done against a background of responsibility, known, and willingly taken.

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PAIN

By

ERNEST JONES

A recent experience of severe pain has prompted a few reflections which seem perhaps worth communicating although they are probably not original. A moderate pain is always localized: one says ‘ My arm or leg hurts.’ When, however, the white-heat peaks of intense pain are reached this localization disappears, and the entire self is filled with nothing but pain. When the ego is thus invaded defensive reactions enter strongly into play. There is evidently the dread of being surprised by unbearable stimuli breaking through the defensive barrier which Freud called the *Reizschutz*, the institution which played such an important part in his theory of the mind from the beginning to the end. Instinctively the whole body becomes taut and one's breath is held. Like some other ‘ natural ’ reactions, however, such as the clamour for warmth when one is shivering from shock, this attitude is not the most advantageous one. One gains more if one can relax and confine oneself to as shallow breathing as possible. The ability to do this depends on the extent to which one has been able to cope with the profound dread of destruction, which was presumably the reason for first erecting the defensive barrier in question. With pain of the lancinating type, such as the lightning stabs of trigeminal neuralgia, the same problem does not arise, since any defensive response can only follow the pain; in bad cases one can recognize the sufferers from their attitude of constant flinching.

Another consideration emphasizes this close association between pain and fear. I refer to the attempt to correlate two commonly made observations. The first is that it is very hard to imagine severe pain or to recall in one's imagination the memory of it. One knows about it intellectually but one cannot reproduce it. The second observation is that repeated experiences of pain confer no immunity. On the contrary, one is dismayed to find that the fortitude of which one has been proud diminishes with further experiences and that one's resistance is increasingly sapped. I suggest that the former observation signifies a simple act of intense repression. Then the later experiences produce a response not only to the current stimulation but also to the half-buried memories of the earlier ones. As we know, this is the explanation of the typical hysterical ‘ exaggeration ’ when the subject is reacting to both the current situation and to older ones with which it has got associated. There is thus an identity in normal life with the abnormal reactions of the hysterics.

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FEELINGS OF UNREALITY

By

BRIAN BIRD, M.D., CLEVELAND*

Introduction

Feelings of unreality, most authorities agree, are extremely widespread and of infinite variety. They occur in acute and chronic forms, some so mild as to be scarcely noticed and some at the other extreme so severe as to be totally incapacitating. They occur commonly in schizophrenia, depressions, organic brain disease, in all types of neurosis, and in essentially normal people. Although common in psychotic patients, feelings of unreality belong to the neurotic part of the personality, not to the psychotic. In such patients they must be distinguished from somatic delusions and visceral hallucinations, which, although having a similar content, are entirely different in structure and meaning.

The most common names used to describe feelings of unreality are depersonalization, estrangement, alienation, and derealization. Some authors include in the group the condition known as *déjà vu* and its variants, such as *déjà raconté*.

Nunberg (13) was one of the first psychoanalysts to write on depersonalization, and his 1922 paper still stands as one of the best. He defines depersonalization as the state ' in which the ego and the external world appear different, changed and foreign to the patient '. He stresses the feeling of loss in all cases of unreality and equates loss of reality with loss of the ego and loss of the mother, the breast, and the penis. Nunberg's clinical cases are particularly illustrative of the disorder.

Federn (2, 3: 1926–28) says that depersonalization occurs as a result of a withdrawal of cathexis from what he calls the ego feeling (either body ego or mental ego). Cathexis of the boundaries of the body ego and mental ego is essential in distinguishing reality. The external world is perceived clearly only in so far as the body and its organs are clearly delineated. In the beginning of life the infant cathects certain functions and body parts, and only gradually extends this process to the entire body and to the mental image of the body. If this is done imperfectly as a result of shock, the possibility exists for depersonalization under conditions of later similar shocks. Federn says further that the narcissistic cathexis, the loss of which causes depersonalization, can be demonstrated as being due to identification of the ego with the male genital, and that a disturbance of the one can therefore cause a disturbance of the other.

Oberndorf (14–19) has written perhaps more articles than anyone else on depersonalization. There are six covering the period 1933–39. Perhaps the most important finding he presents is that depersonalization is preceded by and is dependent upon eroticization of thought.

Freud (6), as several authors have pointed out, made no mention of depersonalization until late in his life (1936), when he wrote his paper ' A Disturbance of Memory on the Acropolis '. In that paper he analysed a personal experience of depersonalization which occurred during a trip to Athens in 1904. Opportunity for that trip—his first—had come about suddenly and unexpectedly and, in spite of its being the fulfilment of a long-felt wish, the prospect left him depressed rather than elated. Then, a few hours later, as he stood on the Acropolis, a strange thought came: ' So all this really *does* exist after all, just as we learned at school.' This thought, he says, represented the feeling, ' What I see here is not real! '—the unreality serving as a defence against something threatening the ego. The threat had to do with guilt caused by surpassing his father, who, through poverty, had never been able to travel. Freud's visit to Athens was wrong: it was a criticism of his father. In order to ward off this guilt, his observation of Athens was made to seem unreal; i.e. he still had not actually left home.

A CASE OF DEPERSONALIZATION

The clinical basis for this paper centres upon an acute attack of depersonalization occurring in a patient during analysis. The patient, a 15-year-old boy, had a very high intellect and, with it, a tendency to overvalue his thinking while devaluing his body. His knowledge of physical things was poor and, although he was fond of sports and activities of all kinds, he had a disregard for the safety of his body that was frightening to others. In contrast to his physical carelessness he was extremely controlled as to feelings. He set great store on being proper—never getting angry, or swearing, or cheating, or playing truant, or lying, or stealing. More than this, he curbed all his pleasures and excitement.

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* School of Medicine, Western Reserve University.

His original neurotic illness began a few weeks after his first ejaculation, which he produced during the summer of his thirteenth year. The illness was characterized by many mental symptoms—confusion, doubt, feelings of unreality, and ideas of reference, all accompanied by the most painful anxiety.

In analysis one of the outstanding findings was a fear of girls. He had the ordinary adolescent confusion and conflict between homosexual and heterosexual wishes, but this fear of girls and women was something very special. Not until after about a year of analysis was he able to have a real girl friend. And even then the affair was not entirely real. In the first place the girl served largely as a defence against sexual feelings directed towards me, and in the second place there was no real jealousy—he was never jealous of her interest in other boys or of their interest in her.

Then, shortly before the attack of depersonalization, he got his second girl friend. This affair was very different from the first. Instead of using this girl as a defence against his feelings for me he used his attachment to me to support him in his relationship with her, and for the first time in his memory he became truly jealous.

With the beginning of his relationship with this new girl there was an immediate change in his masturbation: whereas formerly he had masturbated almost daily, he now abstained day after day, and surprisingly his abstinence worried him—he feared there would be a dangerous accumulation of sexual feeling.

At this time, too, his fantasies took on a particular form, typified by the following: His girl would tell him that she was not intelligent enough to be worthy of his love. In reply he would say that her unintelligence and inferiority did not matter—he loved her anyway. They would marry. He would go to war and have his arms and legs shot off. He would return, offering her a divorce, as he now was not good enough for her. But she would refuse, saying she still loved him.

When he told this fantasy, his associations led from ‘ girl with inferior intelligence ’ to ‘ absence of penis in girls ’. His own fantasied amputations led also to thoughts of losing his penis. Here I made the interpretation that since in the fantasy he lost his appendages after marriage, it very likely meant a fear of losing his penis to his wife. He responded by saying how horrible it would be to tell a girl you liked her. If you did this she would have the upper hand; it would be like giving something vital to her or being devoured by her. This thought led to his telling of long daydreams of being sealed in a dark cave and of being shut in a sleeping bag complete with oxygen tank, the whole thing floating in water. Associations to these fantasies were of being in his mother's womb.

Jealousy, which began mildly, increased day by day and soon was so painful that he felt he could not stand it. At school he watched how his girl smiled at other boys and how they smiled at her, and what he saw made him squirm. The patient's jealousy came to a peak on a Saturday night when his girl said she was busy and could not see him. He was lonely and worried and at bedtime was unable to sleep. At last he masturbated. The orgasm was especially strong, and this he thought was because he had not masturbated for a week. On Sunday he was even more depressed and jealous.

When he came to see me on Monday, he reported the beginning of a strange experience. Suddenly that morning at school he had become confused, mixed up, and could not understand what he saw or heard. His head and mind felt funny. ‘ I'd know what I heard and what I saw,’ he said, ‘ but it didn't register. Algebra, history, music—nothing made sense. I couldn't understand a single thing—just as if I weren't I. I was in a panic. I can't describe it. I really thought I was gone. I was sure I was crazy. I was like two people, split in two. I was neutral—no feelings for anyone, and nothing got through from them to me. I was separated off from everything.’

At this point I interpreted the patient's unreality feelings as being a defence against perceiving some disturbing event; i.e. by making everything uncertain he made the disturbing event itself seem in doubt. The patient did not agree or disagree, but at once recalled that lying awake Saturday night he had heard talking in the next room to his. His thought was that if he could hear others talking, they could hear him masturbating. With the evidence of this new association I extended my interpretation by saying that in his childhood, feelings of unreality might have been a defence against disturbing sounds coming from his parents' bedroom, sounds that made him jealous and sad. The patient admitted that this might be true, for he still had great curiosity about what his parents did in their bedroom. He added, however, that in childhood not only must he have *heard* something disturbing, he must have *seen* it as well, because today it was not only the things he heard that were strange, but the things he saw.

The second day of the attack was just as bad as the first. He begged me to help him—to do something to stop it.[1] ‘ In school,’ he said, ‘ I was afraid to ask questions for fear there was no class there, or that I had been asleep and had missed something and would ask a question already asked, or that in Latin class I would ask an alegbra question, or I would stand up to speak and nothing would come, or instead of asking a question I might say, “ I love you ”.’

Again I repeated the interpretation that making everything unreal was an attempt to deny the reality of some extremely shocking observation, that it was a defence against some terrible experience.

The patient’s response was to tell a fantasy: His girl would suddenly say to him, ‘ I hate you! ’ She would say it without warning, as a complete surprise, giving him no chance to prepare for the shock. His next thought was of the night several years ago when he had his first ejaculation. For several weeks he had been masturbating up to a certain point of throbbing and excitement, and then had stopped. But on this night, when he was alone in the dark, the feeling did not die away. Instead, suddenly he lost control and felt himself wet.

As the patient spoke of ejaculation, the fright returned in its original form and he became anxious all over again. Before, although admitting he had been upset by his first ejaculation, he had always insisted he knew nothing terrible had happened—he knew the wetness was not blood or urine. Now it was different. Now he remembered with great feeling what it had been like: he had been sure that it *was* blood and that he had seriously injured his penis, but he had been afraid to look at his penis and had spent the entire night worrying.

About this experience, I said it must have been so terrifying he hoped it was not real, especially that it was not real blood or a real injury to his penis.

The next day, the third of the attack, he reported that the worst experience of all had occurred the previous evening. While swimming, he feared his bathing trunks would fall off or at least reveal his genitals, and he found it upsetting to look at the girls. They all seemed to have on suits either too loose or too tight, in both cases revealing too much of their body. He became so confused that, without even thinking, he attached himself to the most attractive girl there, literally touching her and trying to swim with her. When the girl got angry and told him to go away he was terribly hurt.

The patient’s disturbance at seeing girls exposed I interpreted as probably representing his first observation of a girl’s lack of a penis. The observation, I added, must have been such a shock that as a defence he doubted his eyes, just as now he doubted the reality of everything he saw.

This interpretation reminded the patient of the many times he had had an urge to examine girls’ genitals. He had never been able to say what it was he was trying to see, but now he wondered whether it was their lack of a penis that impelled him to look.

At this point the patient suddenly remembered an embarrassing and inexplicable experience of the day. In school his nose began to run, but there was nothing he could do about it since he had no handkerchief. He could feel the nasal discharge hanging from his nose, but dared not put his hand up to find out.

This incident I related to his first ejaculation. He could not touch his nose for fear of what he might find, just as when he had first ejaculated he was afraid of what he might find—that the wetness was blood and that his penis might be gone.

The patient agreed, but went on to say that when his nose was running he knew he had no handkerchief; he was certain, yet he could not help looking for one. He repeatedly went through every pocket, as if a handkerchief would turn up by magic.

At this, I reminded him of his desire to look repeatedly at girls’ genitals—that this must represent a wish that a penis, like a handkerchief, would turn up by magic.

From this time on, the patient began to feel better and during the next two weeks he developed and consolidated the affair with his girl. He saw her daily and had a wonderful time, although he was afraid that she might become subservient to him, might do anything he wished. This fear made him recall one day an event from age 5 when a little girl had let him do as he wished: she had let him look at her genitals and poke at her with sticks.

As he told this incident, he became excited and confused and felt strange. He could hear everything I said, yet could not hear it—at least, he could make no sense out of it. I told him that his unreal feelings were obviously a defence against something current and that we must be coming close to some experience, some observation, which he wanted to deny by distrusting his own perceptions. He then remembered a dream from the night before: he was going home; he came to his street, then to his front walk, but when he turned in, there was no house—it had simply disappeared. He was shocked, woke up frightened, then felt relieved and happy to find that it had been only a dream.

For several days confusion in the hour continued and was marked. During this period he kissed his girl for the first time and was surprised how wonderful it was and how little it upset him. There remained, however, one peculiar aspect to their relationship: he never took his girl’s side in an argument or protected her when other boys teased her; instead, he stood by, feeling stupid but unable to interfere. He was afraid, he said, that she might not welcome his interference, that instead she might say, 'Get out!' Associations to this fear led to thoughts of his parents' bedroom—of going into it once several years before and being told to get out.

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[1] As might be expected, the position of the transference during the attack was not at all clear. Depersonalization, consisting, as it does, of a basic uncertainty as to who is who and what is what, naturally involves the analyst, and he comes to represent many meanings simultaneously. Most importantly, he represents both parents; and just as in the primal scene the parents tend to lose their separate identities and to become confusedly united, so too does the transference in depersonalization.

The next day when the patient entered my office he was red-faced and swearing. He said he was furious with his girl and had never been so angry before in his life. What had happened was this. A school friend told him that his girl and a boy were in a certain room alone. He went to this room, pushed his way in, and saw the girl alone with the boy. As soon as he saw her he felt terrible—he was embarrassed, hurt, and confused, and his mind was all in a whirl. He left at once, got on his bike and rushed to see me. On the way anger developed, and now it ruled everything.

After a while he calmed down and talked of minor things. Then suddenly he said he had had a funny experience that morning. He was up early to fix his bike, but couldn't find his wrench. He went to his parents' room to ask about it. His parents were lying close together, but separated quickly when he burst in, and they both told him to get out. He had had a momentary thought that they were having intercourse, but it didn't bother him, he said, and he didn't give it a second thought.

When I said that, on the contrary, he must have been terribly angry with his parents, he suddenly became angry all over again and was still angry when he left. This anger seemed to have a special quality: it was vigorous, unrestrained, unambiguous, not caused or marred by fear, it was not petty or plaintive, and seemed not to represent identification with any anger or disapproval that his parents or I might have towards him. It was what so often anger is not: just plain, justifiable, uncomplicated anger.

Depersonalization did not recur after this time. The next day the patient made no reference to his angry outburst, but when I brought it up, he discussed it readily. After the hour he had looked the girl up and told her how angry he was. She had said there was no need to be angry—that the other boy was just a casual friend who, in fact, liked the patient very much. The patient had replied, 'I like him, too, but it's awfully hard to like someone when you're so jealous.'

ANALYSIS OF THE CLINICAL MATERIAL

As with all such phenomena, the defensive meaning of this patient's depersonalization was rather clear; it was an attempt to repudiate conscious recognition of external events. Certain events—seen, heard, or otherwise sensed—because of their sudden appearance, magnitude, or nature, could not be tolerated by his ego. Accordingly, since it was too late to ward the observations off, the ego did the next best thing and defended itself by instituting a state of unreality in three ways: (i) Treating reality as if it were not real (derealization), e.g. 'At school I was afraid there was no class there'; (ii) treating the perceiving apparatus, the ego itself, as if it were not real (depersonalization proper), e.g. 'I felt as if I weren't I'; and (iii) creating a shift in the sense of time (*déjà vu*), e.g. 'I was afraid to ask a question in class because I thought it had already been asked.'

The whole thing was something like the normal expression, when suddenly confronted with the unbelievable, 'I must be seeing things.'

The kinds of observations which the patient found intolerable were also rather clear: they all had something to do with loss of objects, e.g. bathing suits, his house in a dream, his handkerchief and, of course, his penis. Two of the main objects he feared losing were his analyst and his girl friend. The analyst was important not only because of the patient's rather strong homosexual feelings for the analyst, but because the analyst was a support to his newly-engaged-upon affair with his girl. The girl herself was important because for the first time the patient had allowed himself really to get into a position where a loss would be painful.

These losses of analyst and girl, however, had not actually occurred—they were merely anticipated. Accordingly, one could say that the patient reacted to them in this way because they represented earlier events which actually had been observed and which had been overwhelming and unprepared for.

The patient's associations to his symptomatic experiences provided undeniable evidence as to some of these early events. Working backwards in point of time, his associations went at once to his first ejaculation. This initial discharge of semen came suddenly, unexpectedly, without warning; he was afraid that he was bleeding, that his penis was gone; he was afraid to look. Significantly, this first ejaculation was re-enacted immediately prior to the depersonalization. He had abstained from masturbation for one week so that when he did masturbate, the excessive amount of semen alarmed him just as he had been alarmed by the original discharge. However, although that first ejaculation was a very shocking event, his associations suggested that it was shocking because it reawakened even earlier traumatic perceptions.

A further series of associations led directly to those early events. The two most important events were observation of female genitals, giving rise to castration anxiety, and observation of the primal scene, giving rise to fear of loss of the mother. The relationship of depersonalization to ideas of castration and loss of the mother is paralleled by Anna Freud's remark about denial (4). ' My examples,' she says, ' suggest that the typical situations in which the ego has recourse to the mechanism of denial are those associated with ideas of castration and with the loss of love objects ' (p. 190).

Depersonalization, in addition to defending the patient against the pain of observations, defended him against the danger of his own aggressive impulses. An illustration of this defence was the occasion when he entered his parents' bedroom, found them ' close together ', and was told by both of them to get out. This event caused him no anger or embarrassment—it was nothing. The reason it was ' nothing ' was that he derealized the entire event, thereby avoiding not only the suffering it caused but his anger as well—there was nothing to get angry at. Control of his anger in this way kept him from showing any proprietary feelings for his mother and thus protected him from retaliation by his father.

Much more could undoubtedly be discussed regarding the symptom as a defence, but there is more to be seen in another direction. Depersonalization also had in it the very impulses and observations that it contrived to contain and restrain.

The aggression in his attack was not hard to find. He tried to frighten me with it, hoping thereby to continue analysis. He also used the symptom to alarm his parents and others to whom he reported his feelings. In the swimming pool he was very aggressive, under the guise of being confused. And of most significance, as I have said before, once his real aggression came openly, the symptom was no more.

Evidence, in the symptom, of the shocking observations themselves was not hard to find. He felt changed. Something terrible had happened to him: he did not know who he was, he felt cut off and lonely. All those symptomatic states are states that would not be inappropriate if he himself were to be castrated, or had been castrated, or if he were confronted with the observation of someone castrated. Furthermore, his sense of being divided into two persons (' I am split in two ') could undoubtedly represent his two parents, just as his inability to communicate his feelings to others, or to receive anything from them, could represent his denial of the primal scene.

But there is still more to the symptom and, in going further, one has to ask: If an understanding is to be had of depersonalization, which is a state of unreality, must not an attempt be made to understand reality itself? And in such an attempt particular cognizance must be taken of the origin of reality sense,

In the very beginning of life there is, of course, no reality—no outer or inner. There is only a perfectly complete narcissistic state: the embryo, the foetus, within the uterus. After birth, too, narcissism continues, and only gradually does a distinction take place between the infant and the external world. This distinction does not come about primarily through a realization of the existence of objects. Rather, according to Federn (2, 3), it comes about through, and is entirely dependent upon, the infant's recognition and delineation of the outlines, configurations, and boundaries of his own body—and, as an extension of the body, the ego. The important thing is the body, not the object. If an infant cannot tell where his body leaves off, he certainly cannot tell where an object starts. So the first thing he must do in finding out about reality is to learn how far he himself goes in every direction—to learn, as it were, all his own edges, all his tops and bottoms. The clearer his understanding of his body, the clearer will be reality.

If a sense of reality thus consists in and depends upon a recognition of the difference between the body and the outside world, particularly the mother, it follows that the opposite state, a sense of unreality, represents a partial return to an undifferentiated state when such boundaries did not exist. In my patient there was a rather marked lack of distinction between himself and his mother. For example, he did not know the difference between the meaning of masturbation and menstruation—he used the words interchangeably. Further, with the onset of his illness, his mother told him she had felt exactly as he did when she began to menstruate. And at puberty he had a fear that his breasts would grow and his penis would shrink. Even at the age of 14 this boy sat on the toilet to urinate. He thought that dogs bore pups through the anus and had intercourse through the same opening. For a long time he denied his own bowels, and once said he did not talk about them because he did not want to consider his behind part of himself.

Further evidence that depersonalization represents a wish to return to a time when the infant and his mother are one—a return ultimately to the mother's uterus—is the finding that this patient, just before the outbreak of his attack and to some extent throughout it, had many elaborate fantasies which he himself associated with being devoured, being faeces, being a baby in his mother's body.

The wish inherent in depersonalization to give up painful reality and to unite with the mother seems innocuous enough, and should lead to a state of narcissistic pleasure. But it is not without danger. Since reality sense is reached through clearly identifying the body itself, and most importantly the penis, giving up reality and returning to the original state would involve losing the penis. Accordingly, any temptation to regress to a primary narcissistic state (and such a temptation must be present in all regressions) contains a great danger—that the penis will be lost. It is this danger, I believe, that accounts for much of the fear which boys and men have of women. Direct castration fears do not satisfactorily account for every shade and meaning of this fear. An additional factor is the strength of instinctual impulses aimed at bringing about a subservient merging with the mother, a union that would dissolve phallic identity. Union on this basis, so strongly desired, is understandably most strongly feared.

Whether all phenomena involving interruption of consciousness or disturbance of reality sense have their roots in this very early stage of development, I do not know. Freud in *The Interpretation of Dreams* implies something of this sort when he says that dreams of familiarity represent a wish to return to the mother, i.e. the feeling ' I have seen this before ' or ' I have been here before ' can relate only to one place—the mother's genitals. In any case, it is remarkable how clearly such things are represented in a great many case reports on the subject of depersonalization. Clinically, this relationship is useful. When a patient becomes confused, does not know what is what or who is who, he is most likely close to material having to do with his mother—very commonly with the primal scene.

The Mechanism Producing Depersonalization

This patient, an adolescent boy with strong homosexual attachments, had, through analysis, been freed to some extent from those attachments so that he could now seek a girl on a heterosexual basis. This new kind of relationship to a girl, which was active, positive, and possessive, was, however, not entirely new. Actually it was a return to the position he had once held and had given up as a part of his attempt to resolve his oedipal conflicts. In the oedipal period, instead of repressing his positive attachment to his mother, he had defended himself against it by identifying with her and by subsequently having only homosexual object attachments. He was further protected from his positive heterosexual wishes by his strong fear of girls. Because the original positive wishes towards his mother had not been destroyed by repression, or confined by it to whatever limbo is so effectively used in the case of oedipal impulses, those impulses remained strong, constantly tempting, and dangerous. Accordingly his first venture in adolescence to seek a girl in this positive way was both exciting and terrifying. The intense longing that developed placed him directly in the path of two great dangers: when they met, his girl might say (i), ' I hate you! ' or (ii), ' I love you! '

In the case of the first danger, rejection, the ego carried out a pattern of repetition-compulsion, adopting in advance the identical reaction which at an earlier time appeared only after a traumatic observation had been made and a feeling of loss had been experienced. It can be postulated that in the original situation in his early childhood he had felt an intimate and secure relationship with his mother. Then, upon witnessing the primal scene—coming unexpectedly upon his mother obviously being possessed by the father—his own imagined status was shattered. At that early time his reaction must have been one of unreality, i.e. in order to heal the already inflicted wound he painted the sight with a sense of unreality. From then on, whenever, as now, he found himself in a vulnerable position, he recreated the earlier defence.

The second danger, that his girl might say ' I love you! ' resulted from his strong excitement and wish to give himself up to her—and, in the process, lose his penis. His overt fear during the attack that, because of confusion, he might suddenly stand up in class and shout out ' I love you! ' was a direct expression, in the symptom, of his dangerous positive feelings.

Depersonalization, the patient's defence against these two dangers, constituted a disorder in the system consciousness. The mental organ, consciousness, normally has the task of recording all inner and outer stimuli, and should have recognized in this patient at this time all the wishes and fears mentioned above and have acted upon them. That is to say, a cathexis of consciousness should have occurred, a cathexis consisting of desexualized energy working in the service of the ego in recording observations. Instead, the entire libidinal cathexis, or a major portion of it, was displaced directly upon consciousness as if consciousness were an object. Because this displaced cathexis carried with it the full erotic and aggressive meaning of the impulses themselves, consciousness became hypercathected with sexualized libido. As a result of this hypercathexis the normal function of consciousness came under inhibition, and the system consciousness, instead of recording the impulses, attempted to represent them—to represent various shocking experiences of loss and a longing to be reunited with all lost objects, particularly with the mother. The symptom is thus to be regarded as a hysterical conversion.

Hypercathexis of consciousness with sexualized libido is, I think, the same point that Oberndorf makes repeatedly. He calls it eroticization of thought. The intense feelings attached to the original impulses seem to come through, not greatly modified. The experience of depersonalization was in this case, and usually is, a highly charged one, with intense anxiety and conflicting feelings of many kinds. It is almost as if the feelings are preserved at the expense of thought. Even those patients whose depersonalization consists in having no feelings, or dead feelings, may complain bitterly about it.

In spite of the hypercathexis of the system consciousness and the inhibition or distortion of its function, the process is remarkably selective.[2] Many parts of consciousness remain unaffected and there seems to be no actual interference with the sensory organs; things are heard and seen accurately.

Although depersonalization creates a partial separation from reality, the symptom actually has the opposite purpose—to prevent a break with reality. This seeming paradox is somewhat analogous to the purpose of a dream which, although seeming to disturb sleep, has the main aim of guarding the sleep. So, too, this patient's depersonalization. When people in the outer world threatened to arouse in him feelings so strong that he feared he would be destroyed, he caused these external objects to seem unreal, thereby making them less disturbing and thus allowing him to continue contact with them. All neurotic symptoms, of course, have this same general aim of guarding object relationships, but the mechanism is particularly striking in depersonalization.

Pain and Depersonalization

One aspect of a symptom that sometimes produces a good deal of information is the way it ends. In the present case depersonalization disappeared dramatically following an outburst of anger, stimulated, it would seem, by observing a representation of the primal scene. It was as if, through his unequivocal expression of anger, the patient admitted to himself the reality of his parents' intercourse and the pain that the observation caused him. Having acknowledged the pain, there was then no need for denying the observation and thus no need for depersonalization.

This clinical finding suggests that a complementary relationship exists between pain and reality, viz. a true perception of pain is incompatible with feelings of unreality, and a true sense of what is real depends upon an accurate perception of pain.

The intimate relationship between pain and reality begins very early in life. Freud, in ‘ Instincts and their Vicissitudes ’ (9), points out that unpleasant sensations, whether internal or external, are all made to appear, by projection, as part of the outer world, whereas pleasant sensations are taken in and claimed for the internal organization. Reality is thus equated with painful stimuli. Hoffer (11) goes a step further. ‘ In addition,’ he says, ‘ we have to think of another differentiating system in our body, that between “ pain ” and “ not pain ”. The infant learns when communicating with the world at large (which need not yet be for it a world separated from its own self) that it has to regard the pain barrier.’ Hoffer goes on to say that development of the pain barrier is a very potent safeguard against self-inflicted pain and that ‘ when reality testing is learned the pain barrier plays its part, and when neglected leads to traumatic experiences ’.

The probability that painful rather than pleasurable sensations stimulate the first beginnings of reality testing is not hard to believe. Pleasurable sensations, having no alien quality, cannot create a line of demarcation distinguishing inner from outer, and thus cannot give rise to any concept of external reality. Unpleasant sensations, however, have quite the opposite effect: they at once establish a line of demarcation which makes imperative a differentiation between what is on one side of the line (body or body ego) and what is on the other side (reality).

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[2] An example of selectivity was this patient's contrasting behaviour the first day of his depersonalization. Although in many areas he was extremely confused, he did beat at chess a boy who usually beat him.

The infant, understandably, does not welcome this intrusion of painful reality and, according to Freud (7, p. 566), attempts to continue the pleasurable state by means of a wish-hallucination, or (8) to deny the painful state through a negative hallucination. It is following the failure of these hallucinations to bring gratification that the infant is faced with a new concept, the reality principle: ' what was conceived of was no longer that which was pleasant, but that which was real, even if it should be unpleasant ' (Freud, ' Formulations Regarding the Two Principles in Mental Functioning ' (5)).

According to Hoffer (12), the infant's attempt to transform the image of a real, painful stimulus into something unreal by means of a negative hallucination is the same mechanism which in later life is called derealization (depersonalization).

This kind of attempt to disregard the reality of pain was typical of my patient. Pain was experienced as an unpleasant sensation, but it did not have the power to protect him from injury. An example was his masturbation. He masturbated in such a destructive way that he caused numerous superficial injuries to his penis, yet these injuries, although painful, were not a barrier standing in the way of self-harm, and he continued to masturbate violently. For a long time his unresponsiveness to pain remained uninfluenced by analysis. Then a few weeks before the attack of depersonalization a significant change occurred.

One manifestation of this change was the way he rode his bicycle. Customarily he rode with a complete and dangerous recklessness. He had many accidents, and his bike was repeatedly being broken. From time to time, however, he would not ride at all. The first few times this happened, he gave the excuse that the machine was broken. However, after a few of these vacations from riding, it became clear to both of us that they had nothing to do with the bike being broken—the reason he did not ride hinged on his fear of being killed. This total abstinence was a sign of progress. But it was an all-or-none proposition. Finally, however, just prior to the attack of depersonalization he found himself, while riding, responding to a fear of danger, i.e. for the first time he tried to ride with care.

Related to the patient's defect in respect to bodily pain was his lack of jealousy. Although he had many friends, he lost them with no sense of loss. It was as if, not being jealous, he was unprotected against loss. That is, since there was no jealousy, there was no suffering; and without suffering, there was none of that protection which it is the purpose of this mental pain to provide. Jealousy, like pain, was treated as if it was unreal, and the result was a loss of the protection of the pain barrier.

With jealousy, as with pain, analysis brought about a gradual change, and small signs of suffering at the prospect of losing people began to appear. However, the first real jealousy did not occur until just two weeks before the attack of depersonalization. Then, following a temporary loss of the girl over a week-end, the symptom made its initial appearance. The entire jealous feeling came to a head when he saw his parents together in bed, and later in the day when he saw his girl alone with another boy. What happened on this latter occasion was that at last his ego—the seat of jealousy—allowed itself full and clear expression of his terrible hurt and his overwhelming anger.

Additional evidence of the pain-reality relationship was found immediately following the period of depersonalization. The patient reported that masturbation had now become an entirely different experience. Formerly, although the act was very exciting, the orgasm itself was neither exciting nor pleasurable; rather, it was unpleasant. What happened was this: as soon as he felt the orgasm beginning, he would stop masturbating entirely. Not only that—the sensation would stop, too, and his penis would feel dead as if not there or not real.

Now, however, a marked change occurred. For the first time the orgasm was pleasant; for the first time his penis stayed alive and real, as it were, right through the act. It was as if his new awareness of pain allowed him to perceive his body more accurately, especially his penis, whereupon reality became more fully cathected. Then, as a further consequence, return of his pain sense made possible the experiencing of pleasure and, in particular, sexual pleasure.

The Superego in Reality-Sense Formation

As a final step in discussing the symptom, I should like to consider its relationship to the superego.

When the patient first came to analysis, he was highly moral and seemed to have a very demanding superego. However, as analysis progressed, it became increasingly evident that a large part of his restraint was based purely upon external pressure and had little to do with conscience. For example, he relied very heavily upon his girl friend's resistance to control his sexual behaviour. It was as if he had remained suspended at a point of actual castration fear and of strong identification with his parents, but without an actual repression or internalization of either of these states, and thus he had never really had available a freely acting or personal moral sense.

This reaction seemed to relate, as did his choice of symptom, to a hyperevaluation of intellect. He denied his superego, as he did his body, in favour of his intellect.[3] His parents did very much the same. Like many other 'intellectuals', they were unwilling to be so primitive as to admit of having a moral conscience which, through a sense of guilt, would be granted the power to control their behaviour. In its place, they brought intellectual and practical values. One should control one's behaviour, such persons contend, not because certain actions are right, but because it can be scientifically or logically proved that to behave in certain ways is beneficial and will bring best results, best health, best happiness. Truth is all; cause and effect are gods; freedom of intellect is paramount; morality is nothing but superstition; religion is pagan. And withal, in this case, as in many such others, the family were absolutely above reproach in their personal life. They forced themselves to behave well through ever-wary conscious control—a most uneconomical way of life.

This kind of reaction points to the superego's position in relation to formation of reality sense. The development of strong oedipal ties, followed by their resolution through the child's internalization of parental attitudes as the basis for the superego, is essential to reality-sense formation.

In discussing formation of the superego, Freud, in 'The Economic Problem in Masochism' (10), says the following: 'These same persons, however, whose effect persists as the power of conscience after they have ceased to be objects of libidinal impulses in the id, belong also to the real outer world. This is where they came from; their power, behind which lie concealed all the influences of the past and of tradition, was one of the most acutely felt manifestations of reality. In virtue of their coincidence the superego, which replaces the Oedipus complex, becomes also a representative of the real outer world and is thus a model for the ego's endeavours.'

The first step in reality sense development—the original infantile demarcation of body boundaries—leads to the identification of the body as something separate from external objects, something which therefore might be called body-reality. The second step—differentiation of the ego from reality—does not come about until the superego is formed. So long as a child is fully dependent upon his parents for guidance in all things, his ego does not come under scrutiny as to its precise boundaries, and accordingly external reality is to the same degree undefined. That is to say, in any given situation it is never clear to the child—although it is not absolutely unclear either—whether a certain line of behaviour is to be carried out because it is his idea or his parents', for his pleasure or theirs, because of his control or theirs.

The same picture, of course, is commonly seen in neurotic patients who carry over an infantile remnant of this lack of ego identity, making them part of everyone they meet. This factor is most clearly seen in the 'as if' personalities described by Deutsch (1). In her 1942 paper, Deutsch says that the 'as if' syndrome bears a close relationship to depersonalization, but differs in that the 'as if' individual does not perceive the disturbance in himself. However, from her description of these patients, there is no doubt that along with defects in their ego and superego, there is a severe defect in their reality sense.

Normally the superego and reality sense develop together. It is only when oedipal conflicts come to a head that an adequate stimulus appears to force the child literally to face reality. And just as his concept of bodily reality depends upon defining anatomical and physiological boundaries, so ego reality comes about through delineating his mental entity and differentiating himself from the ego of others.

This separation, this birth of the ego, is brought about by internalizing the still-attached part of the parent's ego, much in the same way as at birth the body of the infant takes on the functions until then performed by his mother. As a result the child is at last free to have an object relationship in a real way. Heretofore object love has been, partially at least, a carry-over of the narcissistic state.

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[3] Denial of the superego in adolescents is described by Anna Freud in *The Ego and the Mechanisms of Defence* (4, p. 182) as an attempt to ward off incestuous contact with the parents who, after all, are represented by the superego.

With this oedipal change, too, there comes a new concept of the body itself, particularly the genitals. The penis, if this reality development progresses favourably, acquires a real quality it formerly did not possess. Because it is now real, the possibility of its loss becomes real, and the castration complex comes about. So long as the penis does not exist as a mental as well as a bodily reality its loss cannot be feared. Significantly, depersonalization patients commonly have no genital feeling or their penis seems dead, non-existent, or non-reacting.

Even with the establishment of the superego, however, development of reality sense is not yet finished. There is still a final stage. That, of course, is sexual maturity. Up till puberty, although sexual feelings and wishes of all kinds exist and are acted upon, they are not real. Now, at puberty, with the establishment of ejaculation and of menstruation, all sex is given a new meaning.

My patient demonstrated, above everything else, the effect of sexual reality upon reality sense. Immediately upon his first ejaculation a great many things changed. Fantasies of all kinds which he had had for years, without much conflict, suddenly became very disturbing. For example, he had had, without shame or fear, fantasies of intercourse with his mother and of impregnating her; then, after the onset of ejaculation, these fantasies brought him real fear that something of that sort might actually take place. Unable to face these painful possibilities, he set up a reassuring sense of unreality.

In some people there seems to be a readiness to understand, accept, and profit from all the real events of life, internal or external, as if these people were prepared for them very early through excellent clarity in the knowledge and feeling of what is they and what is not they. Others, never clear about themselves, are equally unclear about reality. General experience in analysis is that when such patients finally discover themselves, particularly their body, dramatic advances in reality sense often occur; suddenly these patients become much more realistic.

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DIFFERENTIATION OF THE PSYCHOTIC FROM THE NON-PSYCHOTIC PERSONALITIES[1]

By

W. R. BION, LONDON

The theme of this paper is that the differentiation of the psychotic from the non-psychotic personalities depends on a minute splitting of all that part of the personality that is concerned with awareness of internal and external reality, and the expulsion of these fragments so that they enter into or engulf their objects. I shall describe this process in some detail and shall then discuss its consequences and how they affect treatment.

The conclusions were arrived at in analytic contact with schizophrenic patients and have been tested by me in practice. I ask your attention for them because they have led to developments in my patients which are analytically significant and not to be confused, either with the remissions familiar to psychiatrists, or with that class of improvement that it is impossible to relate to the interpretations given or to any coherent body of psycho-analytic theory. I believe that the improvements I have seen deserve psycho-analytic investigation.

I owe my clarification of the obscurity that pervades the whole of a psychotic analysis mainly to three pieces of work. As they are crucial for understanding what follows I shall remind you of them. First: Freud's (2) description, referred to by me in my paper to the London Congress of 1953 (1), of the mental apparatus called into activity by the demands of the reality principle and in particular of that part of it which is concerned with the consciousness attached to the sense-organs. Second: Melanie Klein's (5) description of the phantasied sadistic attacks that the infant makes on the breast during the paranoid-schizoid phase, and third: her discovery of projective identification (7). By this mechanism the patient splits off a part of his personality and projects it into the object where it becomes installed, sometimes as a persecutor, leaving the psyche, from which it has been split off, correspondingly impoverished.

Lest it be supposed that I attribute the development of schizophrenia exclusively to certain mechanisms apart from the personality that employs them I shall enumerate now what I think are the preconditions for the mechanisms on which I wish to focus your attention. There is the environment, which I shall not discuss at this time, and the personality, which must display four essential features. These are: a preponderance of destructive impulses so great that even the impulse to love is suffused by them and turned to sadism; a hatred of reality, internal and external, which is extended to all that makes for awareness of it; a dread of imminent annihilation (7) and, finally, a premature and precipitate formation of object relations, foremost amongst which is the transference, whose thinness is in marked contrast with the tenacity with which they are maintained. The prematurity, thinness, and tenacity are pathognomonic and have an important derivation, about which I can say nothing to-day, in the conflict, never in the schizophrenic decided, between the life and death instincts.

Before I consider the mechanisms that spring from these characteristics I must dispose briefly of a few points that concern the transference. The relationship with the analyst is premature, precipitate, and intensely dependent; when under pressure of his life and death instincts, the patient broadens the contact, two concurrent streams of phenomena become manifest. First, splitting of his personality and projection of the fragments into the analyst (i.e. projective identification) becomes overactive, with consequent confusional states such as Rosenfeld (9) has described. Second, the mental and other activities by which the dominant impulse, be it of life or death instincts, strives to express itself, are at once subjected to mutilation by the temporarily subordinated impulse. Harassed by the mutilations and striving to escape the confusional states, the patient returns to the restricted relationship. Oscillation between the attempt to broaden the contact and the attempt to restrict continues throughout the analysis.

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[1] Paper read before the British Psycho-Analytical Society on 5 October, 1955.

To return now to the characteristics I listed as intrinsic to the schizophrenic personality. These constitute an endowment that makes it certain that the possessor of it will progress through the paranoid-schizoid and depressive positions in a manner markedly different from that of one not so endowed. The difference hinges on the fact that this combination of qualities leads to minute fragmentation of the personality, particularly of the apparatus of awareness of reality which Freud described as coming into operation at the behest of the reality principle, and quite excessive projection of these fragments of personality into external objects.

I described some aspects of these theories in my paper to the International Congress of 1953 (1) when I was speaking of the association of the depressive position with the development of verbal thought and the significance of this association for awareness of internal and external reality. In this paper I am taking up the same story only at a much earlier stage, namely at the outset of the patient's life. I am dealing with phenomena in the paranoid-schizoid position which are associated ultimately with the inchoation of verbal thought. How this should be so will, I hope, presently emerge.

The theories of Freud and Melanie Klein to which I referred earlier must now be considered in more detail. Quoting his formulation in his paper on 'Neurosis and Psychosis' in 1924, Freud defined one of the features distinguishing the neuroses from the psychoses as: 'in the former the ego, in virtue of its allegiance to reality, suppresses a part of the id (the life of instinct), whereas in the psychoses the same ego in the service of the id, withdraws itself from a part of reality' (4). I assume that when Freud speaks of the allegiance of the ego to reality he is speaking of the developments he described as taking place with the institution of the reality principle. He said, 'the new demands made a succession of adaptations necessary in the mental apparatus, which, on account of insufficient or uncertain knowledge, we can only detail very cursorily'. He then lists: the heightened significance of the sense organs directed towards the outer world and of the consciousness attached to them; attention, which he calls a special function which had to search the outer world in order that its data might be already familiar if an urgent inner need should arise; a system of notation whose task was to deposit the results of this periodical activity of consciousness which he describes as a part of that which we call memory; judgement which had to decide whether a particular idea was true or false; the employment of motor discharge in appropriate alteration of reality and not simply in unburdening the mental apparatus of accretions of stimuli; and, finally, thought which he says made it possible to tolerate the frustration which is an inevitable accompaniment of action by virtue of its quality as an experimental way of acting. As will be seen I very much extend the function and importance of thought, but otherwise accept this classification of ego function, which Freud put forward as putative, as giving concreteness to a part of the personality with which this paper is concerned. It accords well with clinical experience and illuminates events which I should have found infinitely more obscure without it.

I would make two modifications in Freud's description to bring it into closer relation with the facts. I do not think, at least as touches those patients likely to be met with in analytic practice, that the ego is ever wholly withdrawn from reality. I would say that its contact with reality is masked by the dominance, in the patient's mind and behaviour, of an omnipotent phantasy that is intended to destroy either reality or the awareness of it, and thus to achieve a state that is neither life nor death. Since contact with reality is never entirely lost, the phenomena which we are accustomed to associate with the neuroses are never absent and serve to complicate the analysis, when sufficient progress has been made, by their presence amidst psychotic material. On this fact, that the ego retains contact with reality, depends the existence of a non-psychotic personality parallel with, but obscured by, the psychotic personality.

My second modification is that the withdrawal from reality is an illusion, not a fact, and arises from the deployment of projective identification against the mental apparatus listed by Freud. Such is the dominance of this phantasy that it is evident that it is no phantasy, but a fact, to the patient, who acts as if his perceptual apparatus could be split into minute fragments and projected into his objects.

As a result of these modifications we reach the conclusion that patients ill enough, say, to be certified as psychotic, contain in their psyche a non-psychotic part of the personality, a prey to the various neurotic mechanisms with which psycho-analysis has made us familiar, and a psychotic part of the personality which is so far dominant that the non-psychotic part of the personality, with which it exists in negative juxtaposition, is obscured.

One concomitant of the hatred of reality that Freud remarked is the psychotic infant's phantasies of sadistic attacks on the breast which Melanie Klein described as a part of the paranoid-schizoid phase (7). I wish to emphasize that in this phase the psychotic splits his objects, and contemporaneously all that part of his personality, which would make him aware of the reality he hates, into exceedingly minute fragments, for it is this that contributes materially to the psychotic's feeling that he cannot restore his objects or his ego. As a result of these splitting attacks, all those features of the personality which should one day provide the foundation for intuitive understanding of himself and others are jeopardized at the outset. All the functions which Freud described as being, at a later stage, a developmental response to the reality principle, that is to say, consciousness of sense impressions, attention, memory, judgement, thought, have brought against them, in such inchoate forms as they may possess at the outset of life, the sadistic splitting eviscerating attacks that lead to their being minutely fragmented and then expelled from the personality to penetrate, or encyst, the objects. In the patient's phantasy the expelled particles of ego lead an independent and uncontrolled existence, either contained by or containing the external objects; they continue to exercise their functions as if the ordeal to which they have been subjected had served only to increase their number and provoke their hostility to the psyche that ejected them. In consequence the patient feels himself to be surrounded by bizarre objects whose nature I shall now describe.

Each particle is felt to consist of a real object which is encapsulated in a piece of personality that has engulfed it. The nature of this complete particle will depend partly on the character of the real object, say a gramophone, and partly on the character of the particle of personality that engulfs it. If the piece of personality is concerned with sight, the gramophone when played is felt to be watching the patient; if with hearing, then the gramophone when played is felt to be listening to the patient. The object, angered at being engulfed, swells up, so to speak, and suffuses and controls the piece of personality that engulfs it: to that extent the particle of personality has become a thing. Since these particles are what the patient depends on for use as the prototypes of ideas—later to form the matrix from which words should spring—this suffusion of the piece of personality by the contained but controlling object leads the patient to feel that words are the actual things they name and so adds to the confusions, described by Segal, that arise because the patient equates, but does not symbolize. The fact that the patient uses these bizarre objects for achieving thought leads now to a fresh problem. If we consider that one of the patient's objects in using splitting and projective identification is to rid himself of awareness of reality it is clear that he could achieve the maximum of severance from reality with the greatest economy of effort if he could launch these destructive attacks on the link, whatever it is, that connects sense impressions with consciousness. In my paper to the 1953 International Congress (1) I showed that awareness of psychic reality depended on the development of a capacity for verbal thought the foundation of which was linked with the depressive position. It is impossible to go into this now. I refer you to Melanie Klein's 1930 paper on ' The Importance of Symbol-formation in the Development of the Ego ' (6) and to the paper given to the British Psychological Society (1955) by H. Segal (10). In this, Segal demonstrates the importance of symbol formation and explores its relationship to verbal thought and the reparative drives normally associated with the depressive position. I am concerned with an earlier stage in the same story. It is my belief that the mischief that becomes much more apparent in the depressive position has in fact been initiated in the paranoid-schizoid phase when the foundations for primitive thought should be laid, but are not, because of the overaction of splitting and projective identification.

Freud attributes to thought the function of providing a means of restraint of action. But he goes on to say, ' It is probable that thinking was originally unconscious, in so far as it rose above mere ideation and turned to the relations between the object-impressions, and that it became endowed with further qualities which were perceptible to consciousness only through its connection with the memory traces of words ' (2). My experiences have led me to suppose that some kind of thought, related to what we should call ideographs and sight rather than to words and hearing, exists at the outset.

This thought depends on a capacity for balanced introjection and projection of objects and, *a fortiori*, on awareness of them. This is within the capacity of the non-psychotic part of the personality, partly because of the splitting and ejection of the apparatus of awareness I have already described and partly for reasons I am coming to now.

Thanks to the operations of the non-psychotic part of the personality the patient is aware that introjection is leading to the formation of the unconscious thought of which Freud speaks as ' turned to the relations between object-impressions '. Now I believe that it is this unconscious thought which Freud describes as turned to the relations between the object-impressions which is responsible for the ' consciousness attached to ' the sense impressions. I am fortified in this belief by his statement twelve years later in the paper on ' The Ego and the Id '. In this he says ' that the question " How does a thing become conscious? " could be put more advantageously thus: " How does a thing become pre-conscious? " And the answer would be: " By coming into connection with the verbal images that correspond to it " ' (3). In my 1953 paper I said that verbal thought is bound up with awareness of psychic reality (1); this I also believe to be true of the early pre-verbal thought of which I am now speaking. In view of what I have already said of the psychotic's attacks on all that mental apparatus that leads to consciousness of external and internal reality, it is to be expected that the deployment of projective identification would be particularly severe against the thought, of whatsoever kind, that turned to the relations between object-impressions, for if this link could be severed, or better still never forged, then at least consciousness of reality would be destroyed even though reality itself could not be. But in fact the work of destruction is already half done as the material from which thought is forged, in the non-psychotic by balanced introjection and projection, is not available to the psychotic part of the personality, because the displacement of projection and introjection by projective identification has left him only with the bizarre objects I have described.

In fact, not only is primitive thought attacked because it links sense-impressions of reality with consciousness but, thanks to the psychotic's over-endowment with destructiveness, the splitting processes are extended to the links within the thought processes themselves. As Freud's phrase regarding thought being turned to the relations between object-impressions implies, this primitive matrix of ideographs from which thought springs contains within itself links between one ideograph and another. All these are now attacked till finally two objects cannot be brought together in a way which leaves each object with its intrinsic qualities intact and yet able, by their conjunction, to produce a new mental object. Consequently the formation of symbols, which depends for its therapeutic effect on the ability to bring together two objects so that their resemblance is made manifest, yet their difference left unimpaired, now becomes difficult. At a still later stage the result of these splitting attacks is seen in the denial of articulation as a principle for the combining of words. This last does not mean that objects cannot be brought together; as I shall show later when speaking of agglomeration, that is by no means true. Further, since that-which-links has been not only minutely fragmented but also projected out into objects to join the other bizarre objects, the patient feels surrounded by minute links which, being impregnated now with cruelty, link objects together cruelly.

To conclude my description of the fragmentation of the ego and its expulsion into and about its objects, I shall say that I believe the processes I have described to be the central factor, in so far as such a factor can be isolated without distortion, in the differentiation of the psychotic from the non-psychotic part of the personality. It takes place at the outset of the patient's life. The sadistic attacks on the ego and on the matrix of thought, together with projective identification of the fragments, make it certain that from this point on there is an ever-widening divergence between the psychotic and non-psychotic parts of the personality until at last the gulf between them is felt to be unbridgeable.

The consequences for the patient are that he now moves, not in a world of dreams, but in a world of objects which are ordinarily the furniture of dreams. His sense impressions appear to have suffered mutilation of a kind which would be appropriate had they been attacked as the breast is felt to be attacked in the sadistic phantasies of the infant (5). The patient feels imprisoned in the state of mind he has achieved, and unable to escape from it because he feels he lacks the apparatus of awareness of reality which is both the key to escape and the freedom to which he would escape. The sense of imprisonment is intensified by the menacing presence of the expelled fragments within whose planetary movements he is contained. These objects, primitive yet complex, partake of qualities which in the non-psychotic personality are peculiar to matter, anal objects, senses, ideas and superego.

The diversity of such objects, dependent as it is on the sense by which they are suffused, prevents more than the cursory indication of their mode of genesis than I have given. The relation of these objects to material for ideographic thought leads the patient to confound real objects with primitive ideas and therefore to confusion when they obey the laws of natural science and not those of mental functioning. If he wishes to bring back any of these objects in an attempt at restitution of the ego, and in analysis he feels impelled to make the attempt, he has to bring them back by projective identification in reverse and by the route by which they were expelled. Whether he feels he has had one of these objects put into him by the analyst, or whether he feels he has taken it in, he feels the ingress as an assault. The extreme degree to which he has carried the splitting of objects and ego alike makes any attempt at synthesis hazardous. Furthermore, as he has rid himself of that-which-joins, his capacity for articulation, the methods available for synthesis are felt to be macilent; he can compress but cannot join, he can fuse but cannot articulate. The capacity to join is felt, as a result of its ejection, to have become, like all other expelled particles, infinitely worse than they were when ejected. Any joining that takes place is done with a vengeance, that is to say in a manner expressly contrary to the wishes of the patient at the moment. In the course of the analysis this process of compression or agglomeration loses some of its malignancy and then fresh problems arise.

I must now draw your attention to a matter that demands a paper to itself and therefore cannot be more than mentioned here. It is implicit in my description that the psychotic personality or part of the personality has used splitting and projective identification as a substitute for repression. Where the non-psychotic part of the personality resorts to repression as a means of cutting off certain trends in the mind both from consciousness and from other forms of manifestation and activity, the psychotic part of the personality has attempted to rid itself of the apparatus on which the psyche depends to carry out the repressions; the unconscious would seem to be replaced by the world of dream furniture.

I shall now attempt a description of an actual session; it is a clinical experience based on these theories rather than the description of an experience on which the theories are based, but I hope I shall be able to indicate the material from previous sessions which led me to interpret as I did.

The patient at the time of this session, of which I describe a small part, had been coming to me for six years. He had once been as late as forty-five minutes, but had never missed a session; the sessions were never continued over time. On this morning he arrived a quarter of an hour late and lay on the couch. He spent some time turning from one side to another, ostensibly making himself comfortable. At length he said: ‘ I don’t suppose I shall do anything today. I ought to have rung up my mother.’ He paused, and then said: ‘ No; I thought it would be like this.’ A more prolonged pause followed; then, ‘ Nothing but filthy things and smells ’, he said. ‘ I think I’ve lost my sight.’ Some twenty-five minutes of our time had now passed, and at this point I made an interpretation, but before I repeat it I must discuss some previous material which will, I hope, make my intervention comprehensible.

When the patient was manoeuvring on the couch I was watching something with which I was familiar. Five years earlier he had explained that his doctor advised an operation for hernia and it was to be assumed that the discomfort caused by the hernia compelled these adjustments. It was, however, evident that more was involved than the hernia and rational activity to increase his physical comfort. I had sometimes asked him what these movements were, and to these questions his reply had been, ‘ Nothing ’. Once he had said, ‘ I don’t know ’. I had felt that ‘ Nothing ’ was a thinly veiled invitation to me to mind my own business as well as a denial of something very bad. I continued, over the weeks and years, to watch his movements. A handkerchief was disposed near his right pocket; he arched his back—surely a sexual gesture here? A lighter fell out of his pocket. Should he pick it up? Yes. No, perhaps not. Well, yes. It was retrieved from the floor and placed by the handkerchief. Immediately a shower of coins spilled over the couch on to the floor. The patient lay still and waited. Perhaps, his gestures seemed to suggest, he had been unwise to bring back the lighter. It had seemed to lead to the shower of coins. He waited, cautiously, furtively. And finally he made the remark I have reported. It reminded me of his descriptions, not given in any one session but produced over many months, of the tortuous manoeuvres through which he had to go before he went to the lavatory, or went down to breakfast, or telephoned to his mother. I was quite used to recalling many of the free associations which might easily be appropriate to the behaviour he displayed on this as on many other mornings. But these were now my associations, and once when I had tried to make use of such material in an interpretation that is exactly the reply he had made. One interpretation I remembered which had met with some success. I had pointed out that he felt much the same about these movements as he had about a dream he had told me —he had no ideas about the dream and he had no ideas about the movements. ' Yes ', he had agreed, ' that's so '. ' And yet ', I replied, ' you once had an idea about it; you thought it was the hernia.' ' That's nothing ', he replied, and had then paused, almost slyly I thought, to see if I had grasped the point. So, ' Nothing is really a hernia ', I said. ' No idea ', he replied, ' only a hernia.' I had been left feeling that his ' no idea ' was very like the ' no ideas ' about the dreams or the movements, but for that session at least I could get no further. In this respect the movements and the dreams were very fair instances of mutilated attempts at co-operation, and this too was something to which I had drawn his attention.

It may have occurred to you, as it often had to me, that I was watching a series of miniature dramatic presentations, preparations for a baby's bath or feed, or a change of nappies, or a sexual seduction. More often it would be correct to say that the presentation was a conglomeration of bits out of a number of such scenes, and it was this impression that led me finally to suppose that I was watching an ideomotor activity, that is to say a means of expressing an idea without naming it. From this it was a short step to think of it as the kind of motor activity which Freud had described as characteristic of the supremacy of the pleasure principle (1). For, in so far as I was watching psychotic phenomena, the patient could not be acting in response to awareness of external reality; he was exhibiting the kind of motor discharge which Freud said under the supremacy of the pleasure principle ' had served to unburden the mental apparatus of accretions of stimuli, and in carrying out this task had sent innervations into the interior of the body (mien expressions of affect).' It was this impression which returned to me when the patient said, ' I don't expect I shall do anything today.' It was a remark that could refer to the likelihood of his producing any material for interpretation or, equally, to the likelihood that I would produce any interpretations. ' I ought to have rung up my mother ' could mean that his failure to do so was being visited upon him by the punishment of not being able to do any analysis. It also meant that his mother would have known what to do about it—she could get associations out of him or interpretations out of me; something depended on what his mother meant to him, but on this point I was really in the dark. She had come in to the analysis as a simple working-class woman who had to go to work for the family; this view was entertained with the same degree of conviction that stamped his statements that the family were extremely wealthy. I was vouchsafed glimpses of her as a woman with such multitudinous social engagements that scant time was left her to satisfy the needs either of the patient, who was her eldest son, her eldest daughter, two years older than the patient, or the remainder of the family. She had been spoken of, if anything so inarticulate could be described as speech, as devoid of common sense or culture, though in the habit of visiting art galleries of international fame. I was left to infer that the bringing up of her children was ignorant and painstaking in the extreme. I may say that at the time of which I write I knew little more of his real mother than would be known by a person who had rid himself of his ego in the way I have described as typical of the psychotic personality. Nevertheless I had these impressions, and others which I omit, and on them I based my interpretations. The patient's responses to these interpretations were outright rejection as either quite inadmissible because wrong, or accurate but improperly arrived at in that I must have been using his mind (really his capacity for contact with reality) without his permission. It will be observed that he thereby expresses a jealous denial of my insight.

When the patient said, after a pause, that he knew it would be like this, I felt on fairly sure ground in assuming that it was I who was unlikely to do anything in that session and that his mother was some person or thing who could have enabled him to deal with me more satisfactorily. This impression was strengthened by the next association.

If the theories I have described are correct, then, in any given situation, the patient who is ill enough, as this one was, to have achieved certification, has two main problems to solve, one appertaining to the non-psychotic part of the personality and one to the psychotic part. With this particular patient, at this particular juncture, the psychotic personality and its problems still obscured the non-psychotic personality and its problems. Nevertheless, as I hope to show, the latter were discernible in the material. The non-psychotic personality was concerned with a neurotic problem, that is to say a problem that centred on the resolution of a conflict of ideas and emotions to which the operation of the ego had given rise. But the psychotic personality was concerned with the problem of repair of the ego, and the clue to this lay in the fear that he had lost his sight. Since it was the psychotic problem that obtruded I dealt with that, taking his last association first. I told him that these filthy things and smells were what he felt he had made me do, and that he felt he had compelled me to defecate them out, including the sight he had put in to me.

The patient jerked convulsively and I saw him cautiously scanning what seemed to be the air around him. I accordingly said that he felt surrounded by bad and smelly bits of himself including his eyes which he felt he had expelled from his anus. He replied: ‘ I can't see.’ I then told him he felt he had lost his sight and his ability to talk to his mother, or to me, when he had got rid of these abilities so as to avoid pain.

In this last interpretation I was making use of a session, many months earlier, in which the patient complained that analysis was torture, memory torture. I showed him then that when he felt pain, as evidenced in this session by the convulsive jerks, he achieved anaesthesia by getting rid of his memory and anything that could make him realize pain.

Patient: ‘ My head is splitting; may be my dark glasses.’

Now some five months previously I had worn dark glasses; the fact had, as far as I could tell, produced no reaction whatever from that day to this, but that becomes less surprising if we consider that I, wearing dark glasses, was felt by him as one of the objects to which I referred when describing the fate of the expelled particles of ego. I have explained that the psychotic personality seems to have to await the occurrence of an apt event before it feels it is in possession of an ideograph suitable for use in communication with itself or with others. Reciprocally, other events, which might be supposed to have immediate significance for the non-psychotic personality, are passed by because they are felt to be significant only as ideographs serving no immediate need. In the present instance the problem created by my wearing dark glasses, in the non-psychotic part of the personality was obscured because the psychotic part of the personality was dominant; and in that part of the personality the event was merely significant as an ideograph for which it had had no immediate need. When at last the fact obtruded in analysis it had the appearance, superficially, of being perhaps some kind of delayed reaction, but such a view depends on the supposition that the association of the dark glasses was an expression of neurotic conflict in the non-psychotic part of the personality. In fact it was not a delayed expression of a conflict in the non-psychotic part of the personality but, as I shall show, the mobilization of an ideograph needed by the psychotic part of the personality for an immediate repair of an ego damaged by the excessive projective identification that I have described. Such obtrusions of fact, originally passed by in silence, must then be regarded not so much as significant because their appearance is delayed, but because they are evidence of activity in the psychotic part of the personality.

Assuming then that the dark glasses here are a verbal communication of an ideograph it becomes necessary to determine the interpretation of the ideograph. I shall have to compress, almost I fear to the point of risking incomprehensibility, the evidence in my possession. The glasses contained a hint of the baby's bottle. They were two glasses, or bottles, thus resembling the breast. They were dark because frowning and angry. They were of glass to pay him out for trying to see through them when they were breasts. They were dark because he needs darkness to spy on the parents in intercourse. They were dark because he had taken the bottle not to get milk but to see what the parents did. They were dark because he had swallowed them, and not simply the milk they had contained. And they were dark because the clear good objects had been made black and smelly inside him. All these attributes must have been achieved through the operation of the non-psychotic part of the personality. Added to these characteristics were those that I have described as appertaining to them as part of the ego that has been expelled by projective identification, namely their hatred of him as part of himself he had rejected. Making use of these accretions of analytic experience, and still concentrating on the psychotic problem, that is to say, the need to repair the ego to meet the demands of the external situation, I said:

Analyst. Your sight has come back into you but splits your head; you feel it is very bad sight because of what you have done to it.

Patient (*moving in pain as if protecting his back passage*). Nothing.

Analyst. It seemed to be your back passage.

Patient. Moral strictures.

I told him that his sight, the dark glasses, were felt as a conscience that punished him, partly for getting rid of them to avoid pain, partly because he had used them to spy on me, and on his parents. I could not feel I had done justice to the compactness of the association.

It will be observed that I have not been able to offer any suggestion as to what might be stimulating these reactions in the patient. This is not surprising, for I am dealing with a psychotic problem, and since the psychotic problem as opposed to the non-psychotic problem is precisely related to the destruction of all the mental apparatus that brings awareness of stimuli from reality, the nature and even existence of such stimuli would not be discernible. However, the patient's next remark gave it.

Patient. The week-end; don't know if I can last it.

This is an instance of the way in which the patient felt he had repaired his capacity for contact and could therefore tell me what was going on around him. It was a phenomenon by now familiar to him and I didn't interpret it. Instead I said:

Analyst. You feel that you have to be able to get on without me. But to do that you feel you need to be able to see what happens around you, and even to be able to contact me; to be able to contact me at a distance, as you do your mother when you ring her up; so you tried to get your ability to see and talk back again from me.

Patient. Brilliant interpretation. (*With a sudden convulsion*) O God!

Analyst. You feel you can see and understand now, but what you see is so brilliant that it causes intense pain.

Patient (*clenching his fists and showing much tension and anxiety*). I hate you.

Analyst. When you see, what you see—the week-end break and the things you use darkness to spy on—fills you with hate of me and admiration.

It is my belief that at this point the restoration of the ego meant that the patient was confronted with the non-psychotic problem, the resolution of neurotic conflicts. This was supported by the reactions in the following weeks, when he would display his inability to tolerate the neurotic conflicts stimulated by reality and his attempt to solve that problem by projective identification. This would be followed by attempts to use me as his ego, anxieties about his insanity, further attempts to repair his ego and return to reality and neurosis; and so the cycle would repeat itself.

I have described this portion of a session in detail because it can be used to illustrate a number of points without burdening the reader with a number of different examples of association and interpretation. I have regretfully had to exclude some striking and dramatic material, because to include it without including a quite overwhelming mass of description of day-to-day mundane analysis with its load of sheer incomprehensibility, error, and so forth would produce an entirely misleading picture. At the same time I do not wish to leave any doubt that the approach I am describing is one which in my opinion is producing quite striking results. The change that took place in this patient during the weeks when I was able to demonstrate the interplay I have just described, was of a kind that I believe any analyst would accept as worth the name of psycho-analytic improvement. The patient's demeanour softened; his expression became much less tense. At the beginnings and ends of sessions he met my eyes and did not either evade me or, what with him had been a common event, focus beyond me as if I were the surface of a mirror before which he rehearsed some inner drama, a peculiarity that had often helped me to realize that I was not a real person to him. Unfortunately these phenomena are not easy to describe and I cannot dwell on the attempt; for I wish to draw attention to an improvement which I found, and still find with other patients, both surprising and baffling. As it touches the main theme of this paper I can deal with it by returning to the theoretical discussion that I interrupted to introduce my clinical example.

If verbal thought is that which synthesizes and articulates impressions, and is thus essential to awareness of internal and external reality, it is to be expected that it will be subjected, on and off throughout the analysis, to destructive splitting and projective identification. I described the inception of verbal thought as appertaining to the depressive position; but the depression that is proper to this phase is itself something to which the psychotic personality objects and therefore the development of verbal thought comes under attack, its inchoate elements being expelled from the personality by projective identification whenever depression occurs. In her paper to the International Congress of 1955 Segal (11) described the manner in which the psyche deals with depression; I would refer you to that description as apposite to that part of the depressive position which I here include in the discussion of the development of verbal thought. But I have said that in the even earlier phase, the paranoid-schizoid position, thought processes that should be developing are in fact being destroyed. At this stage there is no question of verbal thought but only of inchoation of primitive thought of a pre-verbal kind. Excessive projective identification at this early stage prevents smooth introjection and assimilation of sense impressions and so denies the personality a firm base on which the inception of pre-verbal thought can proceed. Furthermore, not only is thought attacked, as itself being a link, but the factors which make for coherence in thought itself are similarly attacked so that in the end the elements of thought, the units, as it were, of which thought is made up, cannot be articulated. The growth of verbal thought is therefore compromised both by the continuing attacks I have described as typical of the depressive position, and by the fact of the long history of attacks on thought of any kind that precedes this.

The attempt to think, which is a central part of the total process of repair of the ego, involves the use of primitive pre-verbal modes which have suffered mutilation and projective identification. This means that the expelled particles of ego, and their accretions, have got to be brought back into control and therefore into the personality. Projective identification is therefore reversed and these objects are brought back by the same route as that by which they were expelled. This was expressed by a patient who said he had to use an intestine, not a brain, to think with, and emphasized the accuracy of his description by correcting me when, on a subsequent occasion, I spoke of his having taken in something by swallowing it; the intestine does not swallow, he said. In order to bring them back, these objects have to be compressed. Owing to the hostility of the rejected function of articulation, itself now an object, the objects can only be joined inappropriately, or agglomerated. I suggested in my clinical example that the dark glasses were an instance of this kind of agglomeration of bizarre objects which were the product of projective identification of the ego. Furthermore, that owing to the patient's inability to distinguish between such objects and real objects he frequently had to wait for appropriate events to provide him with the ideograph his impulse to communicate required, and that this case was a reciprocal of this, namely an instance of the storing of an event not on account of its neurotic significance but on account of its value as an ideograph. Now this means that this particular use of dark glasses is fairly advanced. For one thing the storage of such an event for use as an ideograph approximates to Freud's description of a search for data, so that they might be already familiar, if an urgent inner need should arise, as a function of attention as one of the aspects of the ego. But it also shows, albeit in this instance in a somewhat rudimentary form, a skilful agglomeration which is successful in conveying meaning. Now the surprising, and even disconcerting, improvement of which I spoke touches this point of skilful agglomeration. For I have found not only that patients resorted more and more to ordinary verbal thought, thus showing an increased capacity for it and increased consideration for the analyst as an ordinary human being, but also that they seemed to become more and more skilful at this type of agglomerated rather than articulated speech. The whole point about civilized speech is that it greatly simplifies the thinker's or speaker's task. With that tool problems can be solved because at least they can be stated, whereas without it certain questions, no matter how important, cannot even be posed. The extraordinary thing is the *tour de force* by which primitive modes of thought are used by the patient for the statement of themes of great complexity. And I find it significant that his ability to do this improves concurrently with more welcome advances. I say more welcome because I have not yet satisfied myself that it is right to ignore the content of an association because dealing with it would keep the analyst talking at infinitely greater length than the patient. What, for example, is the correct interpretation of the content of moral strictures? And having decided that, what is the correct procedure? For how long is one to continue the elucidation?

The particles which have to be employed share, as we have seen, the qualities of things. The patient seems to feel this as an additional obstacle to their re-entry. As these objects which are felt to have been expelled by projective identification become infinitely worse after expulsion than they were when originally expelled, the patient feels intruded upon, assaulted, and tortured by this re-entry even if willed by himself. This is shown, in the example I gave, by the convulsive movement of the patient and by his striking reaction to the 'brilliant' interpretation. But this last also shows that the senses, as part of the expelled ego, also become painfully compressed on being taken back, and this is often the explanation of the extremely painful tactile, auditory, and visual hallucinations in the grip of which he seems to labour. Depression and anxiety, being subject to the same mechanism, are similarly intensified until the patient is compelled to deal with them by projective identification, as Segal described.

CONCLUSION

Experience of these theories in practice has convinced me that they have a real value and lead to improvements which even psycho-analysts may feel to deserve stern testing and scrutiny. Conversely, I do not think real progress with psychotic patients is likely to take place until due weight is given to the nature of the divergence between the psychotic and non-psychotic personality, and in particular the rôle of projective identification in the psychotic part of the personality as a substitute for regression in the neurotic part of the personality. The patient's destructive attacks on his ego and the substitution of projective identification for repression and introjection must be worked through. Further, I consider that this holds true for the severe neurotic, in whom I believe there is a psychotic personality concealed by neurosis as the neurotic personality is screened by psychosis in the psychotic, that has to be laid bare and dealt with.

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OBITUARY

DR. ETHILDA BUDGETT-MEAKIN HERFORD

The death of Dr. Herford at the age of 84 marks the loss of one of the few remaining Members of the British Psycho-Analytical Society who took part in the activities of the small group responsible for establishing a society to study psycho-analysis in England.

Born in 1872, she was the daughter of Edward E. Meakin, for some years editor of the *Times* of Morocco, and of Sarah Anne Budgett, of an old Bristol family.

Dr. Herford was educated at the North London Collegiate School, and University College, London. As a preparation for medicine she worked for two years with a mission in the slums of Glasgow. She took a medical degree (M.B., B.S.) at the Royal Free Hospital in 1898 and 1899. After holding hospital appointments in England she went to India to do mission work, and was later Superintendent of the Victoria Hospital for Women in Calcutta. At this period of her life her main interest was in gynaecology, and she published papers on ectopic gestation and ovarian cysts.

Her marriage to Oscar Herford, a gifted violinist, took place in 1907 in Calcutta. They had three sons and a daughter, two of whom are also doctors. The family returned to live in England in 1917 and settled in Reading.

Dr. Herford's interest in psycho-analysis was aroused by the early publications of Freud, and extended through contacts with members of the staff of the Brunswick Square Clinic, founded by the late Dr. Jessie Murray and carried on subsequently by Dr. James Glover, Ella Sharpe and others. She was present at the International Psycho-Analytical Congress held at The Hague in 1920. There she met Karl Abraham and went to Berlin to work with him for a few months, and subsequently worked with Ferenczi at Budapest. On her return to Reading she gave her time to the study and treatment of functional nervous disorders by psycho-therapy and psycho-analysis in particular. She became a director of the British Hospital for Functional Nervous Disorders in Camden Town. In 1928 she published a paper in the *Journal of State Medicine* entitled ‘ The Infantile Mind and its Relations to Social Problems and Mental Hygiene ’.

In October 1921 she was elected an Associate Member of the British Psycho-Analytical Society, Membership was granted her in 1934, and later she was appointed Hon. Physician to the Institute for the Scientific Treatment of Delinquency and the London Clinic of Psycho-Analysis.

Dr. Herford's life was characterized by an outstanding interest in human nature, and a desire to use every means available to relieve human suffering. With her husband she became a member of the Society of Friends and took an interest in organizations, local or international, which had the aim of promoting peace. A deep interest in education and the problems of young people led to an association with the late Howard Whitehouse in 1919 as a founder and governor of the very successful school at Bembridge, Isle of Wight.

Her decision to study medicine was made when this was not yet regarded as a desirable career for women, and she joined the psycho-analytical group without waiting to see if it was accepted by the medical profession as a whole, and made sacrifices to obtain psycho-analytical training with those best equipped to give it.

During the years following her admission to the British Psycho-Analytical Society she practised psycho-analysis in Reading. She attended the scientific meetings regularly and was present at almost every congress. Her attitude was always receptive, and she would take from the papers and discussions the material which appealed to her and in which she believed.

Towards the end of her life she did not spare herself the fatigue of travelling from Reading to attend scientific meetings in London, and retained her interest in the practice of psycho-analysis to the last. Her absence will be felt by all who knew her.

Her recreations were determined by her love of a simple outdoor life, and lack of interest in personal possessions. She went camping with her family to the end of her life, and died in her sleep when on holiday in a caravan by the sea which had always been for her a particular joy.

S. M. Payne.

HILDE LEWINSKY

Hilde Lewinsky died in January 1956 after a sudden and short ilness. She was only 48 years old. With her there has gone yet another of the small number of analytical colleagues connected with the Manchester Group, which dissolved after a short-lived attempt to establish a stable and fully fledged psycho-analytical branch society.

Hilde Lewinsky's interest in psychology induced her to obtain a degree in this subject at Manchester University as well as to undergo her training analysis at the same time. She read papers at the meetings of the British Psychological Society and, after finishing her analytical training in Manchester, read her membership paper at the British Psycho-Analytical Society. Subsequently she contributed to the meetings of the London Society and achieved the status of a training analyst. She read her last paper at the congress in Geneva, in 1955. In addition to her academic interests she maintained a busy analytical practice and worked in child guidance clinics. Her colleagues valued her capacity for a logical and, if need be, practical approach, and her independence of attitude and opinion based on a seasoned conviction of the truth of Freud's teachings.

Coupled with these qualities were her many social gifts and her generous hospitality which ensured her reputation as a successful hostess. The loss engendered by her emigrating to the United States in 1952 was felt keenly in Manchester by personal friends and professional colleagues alike. We followed her new venture with some anxiety and watched her progress in the New World with relief and admiration.

Hilde Lewinsky's achievements were the more remarkable in that she had suffered from an early age from a chronic post-scarlatinal arthritis of both hip joints. As the years went by this condition became ever more crippling and painful, yet it never daunted her courageous spirit. Her untimely death has cut short her life at a moment when she had reason to look forward to a future of success and personal happiness.

E. Gostynski.

Dr. LEO KAPLAN
1876–1956

Dr. Leo Kaplan was born in Russia in 1876, left his native land in 1897, and settled in Switzerland, where he recently died. He did not belong to any psycho-analytical organization, but from 1910 onwards showed an intense and creative interest in Freud's teaching. Trained as a mathematician and physicist, he made use of his talents in relating the early theories of psycho-analysis to the philosophical teaching of his day, and as a result published before 1914 the first comprehensive treatise on psycho-analysis (*Grundzüge der Psychoanalyse*) and in 1916 *Psychoanalytische Probleme*. In both he manifested the highest standards of logical and critical thinking and a genuine understanding of the basic problems with which the young science of psycho-analysis had become concerned.

For a time Kaplan exchanged many letters with Freud, who must have thought highly of his capabilities, and accepted his paper 'Zur Psychologie des Tragischen' for publication in the first volume of *Imago* (1914). His papers cover a wide field, including ethnology, anthropology, and sociology, and he wrote especially on Hegel, Marx, Schopenhauer, and Sartre. He influenced many continental thinkers, especially by his searching interest in psycho-analysis. There are many who will always think of him with gratitude.

Heinrich Meng.

DENIS CARROLL

Dr. Denis Carroll, who died suddenly on 21 November, 1956, at the age of 55 years, gave early promise of a distinguished career. Educated at King's School, Chester, he proceeded to Trinity College, Cambridge, of which he was a mathematical scholar, and where he graduated with first-class honours in both parts of the Natural Science Tripos. Elected to the Michael Foster Studentship, he worked under Professor Barcroft and published a number of physiological researches. Turning to the study of medical psychology he entered the London Hospital (qualifying, M.R.C.S. and L.R.C.P., in 1927), and at the same time registered as a student at the Institute of Psycho-Analysis (he was elected an associate member of the British Psycho-Analytical Society in 1932, and a full member in 1936). After a period of psychiatric experience on the staff of the Maudsley Hospital, he finally turned his attention to the psychiatric aspects of delinquency, and in the spring of 1933 joined the I.S.T.D. (Institute for the Study and Treatment of Delinquency) which had only recently been formed (in 1931). Dr. Carroll took a leading part in the development of the Institute, was one of the original co-Directors of its Psychopathic Clinic, and from its inception a member of its Scientific Committee.

Soon after the outbreak of the Second World War Dr. Carroll entered the R.A.M.C. and served as psychiatrist at Dumfries Military Hospital. Later he was given the rank of lieutenant-colonel and made psychiatrist to the Western Command, where he was in charge of Northfield Military Hospital, a unit of 1,200 beds, the largest psychiatric centre.

Returning to civilian life he continued to devote the larger part of his energies to criminological work. He became consulting psychiatrist and medical director of the Portman Clinic for Delinquency, a member of the Home Office Advisory Training Board on Probation, of the Home Office Advisory Council for the Treatment of Offenders, of the Home Office Departmental Committee for Children and Young Persons, of the Council of the Medico-legal Society, and of the Joint Committee of the British Medical Association and the Magistrates' Association. Extending his work at the I.S.T.D., he became for a period Director of Research to the Institute, and at the time of his death was Chairman-elect of the Scientific Group for the Discussion of Delinquency Problems, a criminological group founded by the Institute. Throughout his association with the I.S.T.D. he engaged actively in its teaching and training courses, and played an important advisory part in the deliberations of the Council. He was also a frequent and successful broadcaster on criminological and other subjects of psychological bearing.

From the beginning of his career as a forensic psychiatrist Dr. Carroll kept close contact with colleagues in the international field. He was a member of the organizing committee of the 1st International Congress for Criminology held in Rome in October 1938, and after the war took a still more active part in organizing the 2nd Congress (Paris 1950). He did a great deal to develop the International Society for Criminology and in 1950 was elected its President, a position he held to the time of his death. In this capacity he presided over the 3rd International Congress on Criminology in London in 1955.

A second channel of international activity lay through the United Nations Organization. In 1949 Dr. Carroll became a member of an advisory committee of experts on the prevention of crime and the treatment of offenders which was assembled by the U.N. Secretariat at Lake Success, New York. The committee was convened to draft a programme of work to be submitted to the Social Commission. The programme was subsequently approved by all the organs of the U.N., and gave rise *inter alia* to a survey of activities designed to prevent delinquency in Europe and Turkey. This survey was carried out by the I.S.T.D. with the active co-operation of Dr. Carroll. He was also appointed by the U.N. as one of the experts at the European Seminar on the medico-psychological and social examination of offenders held in Brussels in 1951, and was one of the twelve experts appointed by the U.N. at the European Seminar on Probation held in London in 1952.

Amongst other activities he was at one time medical consultant to the 'Q' camps experiment, and chairman of a committee founded to train personnel to cope with the after-effects of the war on Austrian youth. He also served for a period as Chairman of the Medical Section of the British Psychological Society, of which he was a Fellow. In spite of these many claims on his time and energies Dr. Carroll conducted throughout a busy private practice as a consulting psychiatrist and psycho-analyst.

Denis Carroll was one of that small but distinguished band of whom it can be said that they are at the same time born scientists and the salt of the medical profession. Endowed with an acute intellect, a profound scientific curiosity, and a natural turn of judgement, he submitted himself readily to the disciplines of scientific training and research. His medical qualification was in the first instance a means to the end of scientific training, but drew out in him those qualities which in time made him without question one of the most distinguished psychiatrists in Britain, to say nothing of being a pioneer, ultimately a master, of the new science of forensic psychiatry. At no time, however, did he allow his extra-mural preoccupations to dim his interest in psycho-analysis; the whole of his work was orientated in a psycho-analytical direction. Nevertheless he was at first regarded as something of a *rara avis* in the psycho-analytical movement in Britain. At a time when most analysts followed the conventional and comparatively unexciting courses of classical analysis, he experimented freely with the treatment not only of incipient psychoses but of advanced cases, a course which compelled free adaptation of the 'chair and couch' technique employed in more uneventful mental disorders. Similarly in his treatment of criminals, he was versatile in adapting the classical technique of psycho-analysis to meet the unique transference and social exigencies which arise in outspoken cases of anti-social disorder, e.g. amongst psychopathic criminals. It is an interesting testimony to his courage, enterprise, and foresight in these directions that, although at first his more conservative colleagues may have looked askance at his readiness to adapt technique to clinical vicissitudes, modern analytical workers amongst advanced psychotics and criminals have found themselves compelled to follow in his footsteps. It is incidentally a thousand pities that he never had the time to put on record more than a tithe of his clinical and technical experiences. Early in his career he published several physiological researches in the *Journal of Physiology* and the *Biochemical Journal*; and a number of his papers on criminology appeared in the *British Journal of Delinquency, U.N. Reports,* and in various Criminological Congress *Proceedings*. But most of his ideas were communicated in lectures, seminars, and other teaching activities. Although these were mainly clinical in nature, his predilection for scientific work was fully and ably expressed in the committee rooms of research groups. Interestingly enough, one of his psycho-analytic ambitions lay in the checking of research work on the subject by means of mathematical codes, an enterprise which would, of course, have depended on the standardization of psychological 'properties' as units of measurement. Here again Dr. Carroll was before his time. Psycho-analysis has not yet been subjected to mathematical discipline, and in fact the checking of psycho-analytical conclusions has now been preempted by social psychologists working in concert with formal statisticians.

Many of the qualities Denis Carroll displayed to such advantage in professional life were also apparent in private contact. To a quick and nimble wit and a darting perception which grasped the essence of human relations was added an intellect stocked with an encyclopaedic range of accurate information. Possessed of a gently ironic humour he was an incomparable raconteur; a conversation with him was invariably illumined with flashes of insight, tempered with a certain drollery of expression. To his more intimate friends he appeared as he was, a man of sweet and sensitive disposition who never failed to help those who appealed to him for assistance and many who did not so solicit him. It was these more tender qualities which accounted for the affection in which he was held alike by friends and by his patients. By his professional associates and co-workers he will be remembered also for his capacity to communicate his own scientific enthusiasms, and to encourage others in the often arduous and not always rewarding work of research. His most lasting memorial lies in the influence he exerted so unsparingly in his life's work.

Edward Glover.

DR. CHARLES ANDERSON

Dr. Charles Anderson, a member of the medical staff of the London Clinic of Psycho-Analysis, died on 11 November, 1956, a little over a fortnight before his 43rd birthday.

Charles Anderson was born in London on 28 November, 1913, the son of a general practitioner. He received his early education at the Roan School for Boys, and did so well that he matriculated with merit when only 14½ years of age. Six months later he became a medical student at St. Bartholomew's Hospital and qualified M.R.C.S., L.R.C.P. at the age of 20, but had to wait a year before he was granted his diploma. He obtained the London degrees of M.B., B.S. in 1936. Unfortunately his father died soon after he qualified. His mother had started to study medicine in later life and she qualified shortly before her son. His sister, also, had qualified as a doctor some years previously. After his father's death Dr. Charles Anderson decided to postpone his ambition to specialize, and he went into general practice with his mother and sister at Finsbury Park. He worked there for several years, and was admired for his kindness, wisdom, and patience. As he was too busy during the day, he started to read at night for the M.R.C.P. examination, which he successfully pased in 1940. Two years later he left general practice to become resident medical officer at the West London Hospital for Nervous Diseases, taking the D.P.M. of the English Royal Colleges in 1943. He then held the post of psychiatrist to the Wharncliffe Hospital, in Sheffield, for one and a half years, after which he was appointed psychiatric specialist at Sutton Emergency Hospital, working also as honorary clinical assistant at the psychiatric out-patient department of Charing Cross Hospital. During this time he became interested in psycho-analysis. He was dissatisfied with his psychological approach to his patients, and felt the need for deeper understanding of the problems of the neurotic patients under his care. This decided him to take up psycho-analytic training in 1945. He became a qualified psycho-analyst, and an Associate Member of the British Psycho-Analytical Society in 1948 and a full Member in 1952. Since 1948 he had worked full-time in psycho-analytical practice. He was a serious and very hard worker. His colleagues appreciated his human and professional qualities, and they realized that he could be confidently trusted with the psycho-analytical treatment of very difficult neurotic and psychotic patients because of his skill, tenacity, and devotion to his work. He was always keen to learn, and his capacity for development and research was clearly shown by the number of interesting and always original papers he read at the meetings of the Psycho-Analytical Society.[1] During the last few years he had taken an increasing part in the training of psycho-analysts and child psychotherapists. In private life he was a devoted husband and father. His hobbies were music and gardening. He leaves a widow and two young sons: the sympathy of his friends and colleagues goes out to them in their sad loss.

PUBLISHED PAPERS

'Chronic Head Cases', *Lancet*, 4 July, 1942.

'On Certain Conscious and Unconscious Homosexual Responses to Warfare', *Brit. J. med. Psychol.*, **20,** 1944.

'Aspects of Pathological Grief and Mourning', *Int. J. Psycho-Anal.*, **30,** 1949.

PAPERS READ TO THE BRITISH PSYCHO-ANALYTICAL SOCIETY

'Notes on the Nature of Mood Swings', October, 1951.

'Movement, Stasis and Death in Psychic Life', December, 1953.

'Some Observations from the Analysis of a Horse-Fetishist', June, 1955.

Herbert Rosenfeld.

ISTVAN HOLLOS

19 April, 1872—2 February, 1957

Some weeks before his 85th birthday, Istvan Hollos died in Budapest after a long illness and much ill-fortune. Only the gravest physical and mental strain was able to break him. Up to his eightieth year he stood the tribulations of our troubled times with undiminished capacity and zest for work. I well remember the objective stoicism with which he talked of his abduction and escape in the winter of 1944–45. Together with other inhabitants of the building where he lived, he and his wife were driven barefoot through snow and ice to the embankment of the Danube, one of the sites of mass execution, where the victims—shot dead or half dead—were indiscriminately thrown into the river. By pure chance the slaughter stopped just before it was their turn to be killed. He escaped, and after the liberation of Hungary resumed his analytical work apparently untouched by his ordeals. But the poisonous after-effects of a long undiscovered attack of urosepsis, which a mechanically successful operation could not completely dispel, and the sudden and tragic loss of his wife finally succeeded in breaking his resistance and his optimism and started his final illness.

Istvan Hollos was one of the early practitioners of psycho-analysis and one of the earliest members of the International Psycho-Analytical Association. It was as an alienist in the first decade of this century that he became interested in the then newly emerging science of psychoanalysis. This may have answered some inner need of his own. But certainly he was driven to it by the sterility of the psychiatric work as practised in those days. The majority of doctors in institutions were engaged in administrative work, their scientific interest being mainly devoted to the forensic and legal implications of mental disorder.

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[1] He was particularly interested in the psycho-analytic approach to schizophrenia, manic-depression, and the perversions, in particular homosexuality and fetishism. For example his membership paper bore the title: 'Notes on the Nature of Mood Swings', and his last paper to the British Psycho-Analytical Society contributed to the psychopathology of fetishism.

When analysis had taught him the deep significance of what appears to the uninitiated as lunatic nonsense; when he had learnt to utilize this recognition in diagnosis and therapy, he found a new lease of professional life. Adverse criticism of colleagues who thought him a crank, and some even a dangerous medical extremist, did not deter him from his newly chosen path.

He was trained first by Ferenczi, later by Paul Federn. I do not feel qualified to include an appreciation of his literary work in this memorial. But I want to draw attention to one of his most outstanding publications, written in collaboration with Ferenczi, the " Contributions to the Psycho-analysis of Paralytic Disorders " (1922). In this he produced a completely new conception of the megalomanic delusions of the sufferer from general paralysis which gave satisfactory and comprehensive explanations of the problems of this disease. He spent many years in preparing the Hungarian translation of the *Traumdeutung*. This was thorough and conscientious work. As far as this book is at all capable of translation into foreign languages, Hollos's rendering is important as a contribution towards propagating the science of psycho-analysis.

It must have been his own emotional make-up which was responsible for his interest in questions of the care of the insane. His analytical knowledge gave this bent direction and force. He gave the patient endless and devoted attention. He endeavoured to help through understanding and intensive verbal contact, rather than by flooding the patient with sedatives. He became practically a crusader for the right methods of the care of the mentally sick; so much so that even amongst the most devoted Communist psychiatrists there were some who invited him to lecture and propagate his views on this subject, though Hollos was not a member of the Communist party and did not even pay lip-service to its political ideologies. Naturally this sort of recognition did not come from those who abandoned psycho-analysis and joined the Communist bandwagon to satisfy financial and careerist ambitions.

It is worth noting that the head of the institution, ' The Yellow House ', in which Hollos's professional life began half a century ago, and in which he spent the last months of his life, did everything possible to make him unaware that he was ill and in hospital.

Hollos's life was not blessed with good luck. One of his books, *Farewell to the Yellow House*, was in its own way a real *confessio medici*. In it he candidly confessed his own medical ambitions, and equally candidly his own failings which prevented him from realizing them. This farewell was most difficult for him to bear. At the time of his official retirement, in 1927, he was still in the prime of his working life. Because he was a Jew he had to leave his position. His career as a psychiatrist was broken. I believe, however, that for this he was compensated by the recognition accorded him by his fellow psycho-analysts. After Sandor Ferenczi's death, in 1933, Hollos became president of the Hungarian Association. This he remained until the ever-growing anti-semitic discrimination legally prohibited anyone of Jewish faith or origin from being president or officer of any recognized association. With many others he again had to suffer insult and injury, but again he met this reverse with the wisdom and detachment which come from the psychological understanding of the emotional stresses and strains of man and men.

We who have survived cherish his memory as one of the pioneer workers of the science of psycho-analysis.

Lájos Levy.

ERNST KRIS

It is with profound regret that we have to announce the sudden death of Dr. Ernst Kris who died at his home in New York on 26 February this year. We shall include an appreciation of his work in our next issue.

W. H.

BOOK REVIEWS

Sigmund Freud. Four Centenary Addresses. By Ernest Jones. (New York: Basic Books Inc.; London: Tavistock Publications, 1956. Pp. 150. $3.75 or 18s.)

These addresses were delivered as a part of the 1956 Freud Centenary celebrations, three of them in response to invitations from the United States of America and the fourth as a B.B.C. broadcast from London.

The first is the sixth Freud Anniversary lecture to the New York Psychoanalytical Society and Institute; it is entitled 'The Nature of Genius', though Ernest Jones suggests that it could be described more exactly as 'Some of the Factors Conditioning the Workings of Certain Forms of Productive Thinking'. After briefly surveying the literature and mentioning the features of intuitive inspiration, spontaneity, and periodicity that seem to occur with all forms of genius, the author considers other features that are most characteristic of scientific production—absolute honesty of thought, originality, and power of concentration. Freud's love of truth carried with it a 'mysterious feeling for what is true' and 'a sense of the really significant'. His originality consisted less in the discovery of completely new things than in their bold and detailed investigation. He did not so much invent ideas as introduce a totally new attitude and inaugurate a new 'climate of opinion' about human nature. His capacity for concentration was well known to his family.

The moment of illumination in scientific thinking is preceded by intensive preparatory work that must be motivated by strong unconscious impulses, and there must be some 'special coincidence' between these drives and the 'objective problem'. The moment of illumination implies a high, if temporary, degree of integration of superego, ego, and id. The elation of such moments is usually followed by doubt and self-criticism, due to the re-emergence of superego-ego tensions. Freud himself pointed out that the freedom of thought of scientists in one sphere is usually counterbalanced by inhibition in some other sphere: which may explain the naïveté that can accompany intellectual capacity. Ernest Jones' personal knowledge of Freud led him to make a further contribution, first advanced in his Biography. He noticed that Freud's scepticism and imperviousness to the opinions of other people was occasionally displaced by an uncritical credulity. Contradictory objective and superstitious trends can be detected in many scientists, from Copernicus and Newton onwards. Ernest Jones' suggestion is that the receptive attitude, manifested as credulity when directed to the outer world, is the essential factor in inspiration when directed to the inner world. Critical evaluation and formulation of a new hypothesis follows the intake of the creative upsurge into consciousness. Receptivity thus constitutes the indispensable feminine or passive aspect of creative productivity in thinking. This, the author notes, is 'almost a prerogative of the male sex' and a substitute for 'the gift of bodily creation bestowed on women'.

The second address, 'Our Attitude towards Greatness', delivered before the American Psychoanalytic Association in Chicago, is a natural complement to the first. Two special features influence attitudes to Freud, the 'loneliness' of his achievement and the intense though understandable unconscious 'resistance' to his insight. In general, attitudes to a great man may range through the whole gamut of attitudes of sons to fathers, positive, negative, and ambivalent. Ambivalence towards psycho-analysis is, perhaps, the most fertile source of misunderstanding and 'fabulation' of Freud legends.

The third lecture was given to a joint meeting of the American Psychiatric and American Psychoanalytic Associations and discusses 'Psychiatry Before and After Freud'. Ernest Jones' own opinion, admittedly controversial, is 'that it will take many generations to come before the full impact of Freud's work on psychiatry will be appreciated at its true value'. This opinion will be endorsed by most psycho-analysts though disputed by some psychiatrists. There is more unanimity in views on the expansion of psychiatry through the recognition of neuroses as psychological in origin, and on the development of medical psychology and psychotherapy, mental hygiene and prophylaxis. The essential, though not the only, factor in this psychological enrichment of psychiatry has been the influence of Freud, though his direct contributions to psychiatry itself were qualitative rather than quantitative, e.g. his contributions to the psycho-pathology of paranoia and melancholia. The influence of psycho-analysis on child development and guidance, on sociology, anthropology, literature, and art are briefly mentioned. Finally, Ernest Jones presents the crucial, still-unsolved dilemma of psycho-analysis, which may be summed up in the questions: How can practising analysts become specialists in other fields, and how can specialists in other fields become sufficiently versed in psycho-analysis to apply it to full advantage in their own work?

The fourth paper is the address to the general public broadcast from London. It is an excellent non-technical summary of 'Sigmund Freud: the Man and his Achievements', most ably and suitably adapted to a wide audience.

The book ends with an Appendix, a reprint in part of a eulogy written shortly after Freud's death. This makes a fitting conclusion to the series of addresses which, in their turn, might be considered as appendices to the author's greatest memorial tribute, the Biography.

Marjorie Brierley.

New Directions in Psycho-Analysis. The Significance of Infant Conflict in the Pattern of Adult Behaviour. Edited by Melanie Klein, Paula Heimann, and R. E. Money-Kyrle; with a Preface by Ernest Jones. (London: Tavistock Publications, 1955. Pp. xiii + 534. 38s.)

Many modifications and variations in psychoanalytic technique have been suggested in recent years. Some of these suggested variations are controversial, even when they remain within the framework of classical analysis. This current production of the Kleinian school constitutes not merely a modification, but more, a deviation from the classical Freudian framework.

The book contains 21 essays, 11 of which are revised editions of papers which appeared in an issue of the *International Journal of Psycho-Analysis* dedicated to Melanie Klein on the occasion of her 70th birthday in March, 1952; 10 are new papers, 2 of which are by Melanie Klein herself. The papers vary from the subject of psychoanalytic theory and therapy to the psychoses and applied psycho-analysis. Naturally, in a collection of papers such as this, overlapping material cannot be avoided; unfortunately, in the present case, the repetition and overlapping is abundant. Most of the directly psycho-analytic papers are concerned with fantasies and internal objects in the first six months to first year of the infant's life; very little is said about the child's development after that time, to say nothing of the problems faced by the analyst who meets only adult patients with neurotic difficulties. All the papers emphasize the child's constant struggle with his internal objects, and his drive towards 'reparation'. The contributors clearly feel that the data they present constitute validation of Kleinian theory and therapeutic technique. In his introduction, Money-Kyrle tells us that 'the deeper understanding we owe to Melanie Klein has substantially increased the power and range of both applied and clinical analysis'.

The climate in America has not been very favourable towards the long controversial views of Melanie Klein; this present symposium, I am afraid, will not improve it. To begin with, the not very fortunately chosen title *New Directions in Psycho-Analysis* promises a good deal more than the work itself can fulfil. Those who have followed the development of the Kleinian school will already be familiar with the papers which have appeared in print previously. All the theories on early mental life presented in this book have been discussed many times in print when those papers, or books by members of the school, were first published. Critical examinations and evaluations by analysts[1] have appeared in various journals; and yet the reader of the present book finds the same controversial and dubious formulations which were criticized by former writers, without any modifications. The interest of the present work, for those who have followed the Kleinian school, seems largely to lie in its consolidating in a wider range the Kleinian position in psycho-analysis, and in its collecting together for easier reference some of the more recent writings of the members of the school. Therefore since no essentially novel developments are presented, this reviewer will have little that is new to add to what has already been said about Kleinian theory and therapy.

Melanie Klein's pioneering work with children, her use of play therapy in the treatment of children, is universally accepted as an important contribution to psycho-analysis. Her observations gave important impetus to further research into the early mental development of the child; but her theoretical deductions from those observations and their extension to adult neuroses and psychoses result in the change and abandonment of many important concepts of basic Freudian theory.

According to the Kleinians, the infant's earliest partial objects (the good and bad breast) are the nucleus of the superego; this conflicts with the Freudian postulation of gradually developing stages, from the auto-erotic to the oedipal, the superego deriving only from the latter stage. According to the Kleinians, the centre of earliest infantile development is in 'internal-object-relations', an internal war of mental objects; no place is given to the interplay between environmental influence and maturational processes in the infant. Their formulations concerning internalized objects, the infant's early struggles with sadism and the anxieties provoked by this sadism; their conclusions on the origin of superego and ego formation; their view of the relationship and conflict between the ego and superego in the neuroses—their view of the psychic apparatus as a whole—are all at variance with the Freudian point of view.

Where such profound theoretical changes are suggested, strong verificatory evidence should be forthcoming. That the earliest pre-verbal period of mental development does have an important rôle in the reaction of the growing infant to his environment is taken for granted by every analyst;

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[1] For example: Edward Glover, Edward Bibring, M. Brierley, E. R. Zetzel, etc.

this stage must be carefully investigated if we are fully to understand the child's later development. But the majority of analysts agree that these earliest months of infantile mental life are still mostly unknown territory. To this reviewer at least, the Kleinian hypothetical constructions about that period remain more or less purely hypothetical. Such data as have already been collected in observing the infant at the pre-verbal level—data about the early roots of the superego and the rôle of early developmental influence on the growth of the child—are still insufficient to validate the Kleinian constructions.

Differences in theory of course automatically entail differences in therapeutic technique, and the reader will see that the manner and content of interpretation and the analyst's manipulation of his patient are quite different in a Kleinian analysis from what we are accustomed to. Kleinian technique shows especially striking divergences from the customary practice when it comes to the treatment of adult neurotics. Kleinian theories about early infantile emotional development are applied directly to adults, and all oedipal and environmental factors, all current reality problems, are referred back to their supposed origins in the paranoid-schizoid and depressive positions; interpretations centre on early object relations and early involvements, even interpretation of the transference relationship itself. Among the very few cases of adult neurosis of the kind we are familiar with in our daily practice are the examples of patients with examination anxiety combined with sexual difficulty (Hans A. Thorner, 'Three Defenses Against Inner Persecution'). The patients' problems are explained on the basis of dangers threatening from the internal conflict among mental objects; the failure of sexual functioning is said to be a result of internal persecution by internal objects. One wonders how therapeutic success with such cases was achieved by non-Kleinian analysts, who concentrated on mechanisms dealing with oedipal fears and aggression. That there have been successful courses of treatment of the latter kind is surely a matter of our common experience. While this reviewer does not question the claim that successes have been achieved by Kleinian analysts, a pooling of experiences among Kleinian and orthodox analysts might help us to investigate more carefully the claim that Melanie Klein's work has 'increased the power and range of . . . clinical analysis'.

Hanna Segal also cites analyses of adult patients ('Psychoanalytic Approach to Aesthetics'). These patients suffer from inhibition in artistic creation. Although they suffer from sexual difficulties as well, we are told that inhibitions all stem from the inability to work through the depressive anxieties of infancy. Segal does think that the genital aspect of artistic creation is of paramount importance, but she feels that dealing with the depressive position is a pre-condition of *both* artistic and genital functioning. However, this is surely to ignore the many other factors which influence artistic creation: general background, environmental influences, and ego strivings, besides destructive drives and regressive tendencies, cannot be neglected in the understanding of such cases. Her contribution dealing with the problem of the artist reduces it to a single formula: the problem of overcoming the depressive position and becoming able to make reparation. Clearly the author's explanation of aesthetic inhibition is a valid explanation only if Kleinian theory as a whole is correct.

The papers of W. R. Bion, Heimann, and Rosenfeld, dealing with schizophrenia contain stimulating suggestions for further observation and research in the therapy of the psychoses. Rosenfeld ('Treatment of Schizophrenia') tries to prove the Kleinian contention that the earliest stages of development in the emotional life of the infant—his fantasies, anxieties, and defences—throw light on the fixation points of adult psychosis. He discusses the structure of the schizophrenic superego, tracing it back to the infantile persecutory superego. He also discusses the controversy among analysts as to the proper methods and approach to the acute schizophrenic patient; Rosenfeld points out that American analysts favour re-education and reassurance, a technique which he criticizes. His own technique with such patients is the closest to psycho-analysis of any described heretofore in America or abroad. While the dynamics of schizophrenia are still obscure, Rosenfeld's paper is interesting and suggestive.

In her contribution 'On Identification', Melanie Klein writes: 'The breast taken in with hatred, and therefore felt to be destructive, becomes the prototype of all bad internal objects, drives the ego to further splitting and becomes the representative of the death instinct within'. Kleinian analysts fully accept the existence of the death instinct; it is said to be present and active from birth onwards, exerting its influence on the infant's ego development, and struggles which relate to the object, giving rise to the fear of death and consequent anxiety. The conflict between the life and death instincts is said to be a basic factor in whatever pathological symptoms the patient exhibits. Concepts such as these have been controversial since the beginning and are even more so today; the majority of analysts will probably find the many remarks on the death instinct in this volume far too speculative and impossible to corroborate with clinical findings.

Dr. Jaques' observations concerning 'Social Systems as Defence against Persecutory and Depressive Anxiety' apply Kleinian propositions to collective mechanisms. As he points out, defence against psychotic anxiety is one of the primary elements which binds individuals into associative relationships. In this sense, all social institutions are unconsciously used by everyone involved as defence mechanisms against paranoid and depressive states. In order to prove his case, he cites examples.

In the opinion of this reviewer there can be little doubt that mechanisms of this order can frequently be observed in collective situations, as for instance in political activity or even in sporting events. Yet one earnestly wonders whether any human society, any manifest social structure, could function solely on the basis of defences against paranoid and depressive states; it is surely libidinal ties and introjective processes which are primarily responsible for social association and cultural development. The functioning of communities as a whole, of groups within the greater communities—Freud referred to the Church and the Army as an example—cannot possibly be explained by excluding libidinal concepts or such fundamental factors as the collective ego-ideal which bind human individuals into large and useful groupings.

Money-Kyrle's attempt to derive a democratic-humanistic ethics from psycho-analytical theory (' Psycho-analysis and Ethics ') turns on a distinction between two kinds of guilt; persecutory guilt, to which the Freudian superego is said to give rise, and another kind of guilt which is said to be depressive as opposed to persecutory. Those in whom the former is predominant are said to react by *propitiation*; where the latter predominates, by *reparation*. But it is very difficult to see what the difference is. This raises a more general objection to Kleinian theory; Money-Kyrle suggests that ' analysis, while diminishing the conflicts that lead to depression, increases rather than diminishes the capacity to feel guilt of a depressive kind whenever a " good " object is in any way injured or betrayed '. But, one wonders whether this sounds like an adequate description of the goal of therapy. Unless there is some equivocation here on the term ' guilt ', guilt—even guilt of a depressive kind—can hardly be said to be the source of activity in a healthy person. It will not do to suggest that the problem is a merely verbal one; for if ' guilt ' and ' reparation ' are not the proper words, what are?

One may surely claim for Melanie Klein's work an important influence in widening the boundaries and areas in which research is now being undertaken. Those who are currently doing research on the early phases of mental life owe much to her for techniques and suggestions. Further, she may be credited with being one of the first to emphasize the importance of ' aggression ' in mental development. (Ferenczi, in 1922–23, made a special point in his therapeutic practice of the ventilation of the patient's aggressive feelings and unconscious hostility.) In addition, one may deplore the undue suspicion, over and above legitimate controversy, which has greeted the contributions made by Kleinians in the past; this has occasionally led us to overlook the many valuable theoretical suggestions which have been made by Kleinians concerning early mental development. The fact that there is no exponent of Melanie Klein's views in the United States has, in part, been the cause of this suspicion: American analysts have had no opportunity to come into personal contact with those who represent her position.

But the coldness on the part of American analysts towards Kleinian theory has a more important source than mere lack of contact with Kleinian analysts: its lack of verification, and what might be called its conceptual prodigality. While many of Melanie Klein's theoretical suggestions have been of great interest, verification for the theory as a whole has not been produced; the integration of theory and practice is not fully convincing. This reviewer would suggest that the adherents of Kleinian theory place more stress on careful, direct observation in clinical work. On the other hand, while the Kleinian school is to be praised for its attempt to construct a detailed theory to cover an area not fully explained by Freudian theory, one would like to see greater care taken in reconstructions. The editors of the present volume lead the reader to think that he will find in it a definitive statement of theory, but while certain mechanisms are discussed, and certain developmental stages (positions), one gets no sense of the Kleinian conception of the overall structure of the mind. One gets instead a continual multiplication of ' internal objects '. Surely one of the prime requisites of an adequate theory is economy of explanatory concepts—a good theory should give the simplest explanation which does justice to the facts. This requirement appears to be violated by Kleinian theorists. Their sometimes excessively complicated explanations of certain symptoms (and their explanations become the more complicated when adult behaviour, as opposed to the behaviour of very young children, is in question) make one suspect that a Freudian explanation, which would be simpler while yet doing justice to the facts, is more likely to be the correct one. Why is the simpler explanation more likely to be the correct one? Nature just seems to work that way.

Sandor Lorand.

Dynamics of Psychotherapy. Vol. I. *Principles*. By P. M. Symonds. (New York: Grune and Stratton, 1956. Pp. xi + 211. $5.50.)

This volume is the first of three devoted to the Dynamics of Psychotherapy, and is concerned mainly with general psychodynamic principles. Psychotherapy, the author says, is concerned with the whole person and not with isolated behaviour or symptoms, and its aims are reduced to two: the gaining of inner peace and change of behaviour leading to better adaptation.

He stresses that his point of view is eclectic, and in fact gives detailed accounts of the principles involved in all the usual methods of psychotherapy, quoting chapter and verse by all the leading exponents of the different methods. His attitude to psycho-analysis is obviously ambivalent. Of Fenichel he admits that no one has approached him in the sagacity of his theoretical analysis of the natural course of neuroses, yet of psycho-analysis itself as a therapy he states that it only has more prestige than other methods and is essentially a method of investigation. However, the author certainly has examined in great detail all methods of psychotherapy, and his bringing them together in this series is valuable.

J. L. Rowley.

Annotated Bibliography of Childhood Schizophrenia and Related Disorders. By W. Goldfarb and M. M. Dorsen. (New York: Basic Books, 1956. Pp. vi + 170. $2.50.)

This little book from the Henry Ittleston Centre for Child Research should prove a boon to all workers in the field of child psychosis, who are already finding it difficult to keep up with the volume of literature that is being steadily poured out on this absorbing topic. The collection of 584 abstracts has an eclectic outlook and includes particulars of biological, social, psychological, and psychodynamic publications, covering a period up to 1954. Two of the fascinations of reading (in about an hour) a collection of this sort are: first, that one emerges from the experience with a feeling of professional omniscience that is very therapeutic for the battered intellectual egos of this over-productive age; and, secondly, given the vantage point of this godlike eye placed on its pinnacle of 1954, one can readily detect the fashionable trends in theory—the mysterious way in which underground intellectual movements affect widely scattered groups so that similar conclusions come to the surface at about the same time. Unfortunately one can also discern how rapidly concepts become dated and almost ludicrous. Even 'facts' are vulnerable to the vicissitudes of time, so that the 'facts' of one age seem to become the fictions of the next. The book also serves to whet our appetite for further reading, and, with time so short, helps us to discriminate between the worthwhile and the valueless. The main criticism one has to offer is that the abstracting is not first-class and does not always give us the 'bones' of an article. It could be wished that such routine matters could be taken out of the hands of enthusiastic amateurs and made the business of some experienced and competent organization like the *Excerpta Medica* which could from time to time collect and publish similar volumes on important current topics.

E. J. Anthony.

Integrating Sociological and Psychoanalytic Concepts. By Otto Pollak. (New York: Russell Sage Foundation, 1956. Pp. x + 284. $4.00.)

The Russell Sage experiment in interdisciplinary integration has taken a further step forward in this second volume, and put its chosen social concepts—family of orientation, social rôle, social interaction and culture conflict—to the test of practical experience. These operational concepts have been used within the framework of psycho-analytical theory and the crucial issue at stake has been the question of their compatibility.

Judging from the cases presented and the authors' comments, they would seem to make reasonably harmonious bedfellows, but it is unlikely that orthodox analysts or interactionists will feel as happy with the result, which may seem to them co-existence rather than co-operation. There is an old saying, with possibly a modicum of scientific truth, that what is gained on the swings may be lost on the roundabouts, a compensatory device that bedevils the most honest attempts at scientific integration. In the present context, what is gained in width is lost in depth, so that the depth psychologist may find the outcome 'superficial', while the 'situationalist' may complain of the 'relatively heavy dependence upon psycho-analytic theory' as Leonard Cottrell does in his foreword. It is the fate of middlemen to be shot at from both sides, and their only hope is to meet the needs of some middle party.

A large potential market for such synthetic views does, in fact, exist. Children's clinics in Britain generally prefer to take their analytic and situational theory in moderate doses. They would welcome any scheme, however eclectic, that provided them with useful diagnostic and therapeutic techniques. Their only grumble might be at the time involved, particularly if the cases described in this book are intended to be representative of 'average' practice. Family diagnosis, according to Dr. Pollak, consists of making clinical, genetic and dynamic assessments of every member of the child's family of orientation, combined with an interactive and institutional analysis of the family as a whole. Treatment adds father, albeit reluctantly, to the clinic's load of patients.

Dr. Pollak is not naïve on the subject of the many difficulties besetting his path. He realizes, for example, just how elusive fathers can be. His aim, nevertheless, is to treat the child in the setting of its total environment, and this he has certainly done. He also appreciates the singular attractions that dynamic theories hold for such concept-hungry workers as P.S.W.'s, who will often sell their heritage of family case work for the more engrossing delights of the unconscious. He even quotes Spiegel on the effects of bringing together concepts with differing specificities and degrees of abstraction. The less specific and more abstracted concepts are only too likely to pass unnoticed when the worker falls in love with the oedipus complex. By offering the oedipal and social situation together he hopes thus cunningly to preserve some of the old invaluable interest in the family.

The method alerts the whole clinic to the ' interlocking grip of neurosis ' in the family under study, something of which the analysts themselves could be more aware, especially those that undertake to treat ' blind '. An interpretation can reverberate endlessly among scores of unseen people who stand to profit or lose by it, and whose reactions need some consideration.

There are also important sections in the book dealing with the planning and assessing of treatment. Today, when therapists are attacked on the results of therapy and their criteria of cure, it is worth paying attention to what Dr. Pollak has done about it. His criteria remain subjective, but they include the additional area of family interaction. What goes on between two people can generally be observed and assessed more objectively than what takes place inside one individual.

A good sub-title for the book would be: ' Fathers, are they really necessary in child psychology? '. Dr. Pollak could earn the gratitude of all fathers, psychiatric or non-psychiatric, by championing their cause for fuller and more significant psychological existence. In these days, when fathers are in danger of being reduced to little more than penises, it is to Dr. Pollak's undying credit that he gives them an integral rôle in the family diagnosis and treatment.

E. J. Anthony.

Measurement of Responsibility. A Study of Work, Payment, and Individual Capacity. By Elliot Jaques. (London: Tavistock Publications, 1956. Pp. xiii + 143. 15s.)

This book reports work done at the Glacier Metal Company, London. It was written for a wide audience and should prove stimulating to workers in several fields. Inevitably, this means that not all topics are fully discussed, and psycho-analysts, particularly those interested in applying psycho-analytic theory and developing analogous techniques to therapy for social problems, may regret that these topics are comparatively little mentioned. Special problems arose when the author left the Tavistock Institute of Human Relations for private practice as a ' social analyst ', in working out means whereby his professional independence could be assured. His considerable success in doing so may be judged from his having achieved therapeutic access in the firm's payment and status problems, such as is rarely granted to consultants in British industry.

The focus of interest is on certain remarkable observations and their theoretical and practical implications. These centre round the ' time-span of discretion ', the maximum time for which a worker must exercise discretion on his own account without review. When workers were asked to estimate a fair return for their own or a subordinate's job, the estimates were found to be the same, or nearly so, for all jobs at the same time-span, irrespective of content. This is an important and novel finding, and led to the conclusion that the weight of responsibility subjectively experienced in a job, the level of work, is related solely to its time-span. Wages in a firm will be perceived as fair, and employees will exert no pressure for wage-change, when payment is the same for jobs at the same time-span and there is an acceptable relation between payment for jobs at different time-spans. The individual's relation with his job can be considered in terms of his time-span capacity, i.e. how long he can tolerate exercising discretion on his own account without review. Discrepancy between individual and job time-spans creates stress and pressure for change.

Parts I and II define the problems and outline the progress of the work. Certain conceptual points are outlined, as they arose in the work and were linked with its development. One has an impression of the author's considerable grasp of the complexities of the situation and his ability to deal with it as a social analyst. The observations are clearly described, and the empirical connexions demonstrated convincingly. This suggests a new conceptual and practical approach to work problems within industrial organizations with exciting possibilities.

Part III considers the wider implications of the findings in psychological and socio-economic terms. Much is necessarily speculative, since the basic data come almost entirely from one firm, and do not permit wide generalizations, but it is often stimulating and suggests possible elaborations or developments of social science theory and new ways of looking at practical problems. On the whole, however, this part does not seem to maintain the high quality of the earlier parts, in particular their careful treatment of data and conclusions and admirable clarity of exposition. It is at times difficult to follow the argument, and one feels that the author is on less secure and familiar ground.

The analysis in this section does, however, make it clear that these new ideas will need considerable cautious elaboration, clarification, and definition before they can be broadened for more general use. It will be a considerable task to get the concepts into correct perspective in relation to psychological, sociological, and economic facts and theories. At present, the book seems to go much too far in attaching primary importance to time-span and related phenomena as determinative and causative factors. For example, after showing that time-span and level of work have a close relation to the amount of loss the worker is expected to avoid in his use of the resources put under his discretionary control, the author goes on to make a ' fundamental redefinition of the meaning of earnings in industry. . . . The amount of money an individual employed in industry may earn is dictated by the amount of loss he is expected to avoid by his use of discretion, rather than by the amount of value he creates' (p. 112). The word 'dictated' is to the reviewer an uncongenial, indeed, an undynamic and inaccurate way of expressing this relationship. There seems no evidence in the book to invalidate the economist's basic theory that wages, like any other price, are determined by complex market forces, summarized under the general terms supply and demand, which interact to achieve an equilibrium, which will remain stable under certain defined conditions. It would seem that this book has made a contribution to the description of such conditions, i.e. that equilibrium will not be stable so long as wages and level of work are out of accord with each other. However, this does not imply that one 'dictates' the other; both are the precipitates of complex market forces. Again the book states: 'The fixing of salary and status becomes an automatic matter if range of level of work is known: they are fixed by the level of work itself' (p. 122). Surely this begs the question of the source of any discrepancy between them. Market conditions may force a change in wages such that the existing level of both work and wages must be reconsidered and equilibrium re-established at a completely new level.

As a whole, the book makes a valuable and original contribution, though much more thought is needed before the exact nature and dynamic significance of the phenomena described can be assessed and related to existing theories. It is to be hoped that the difficulties in the exposition in the later chapters and over-enthusiasm for time-span and related notions will not discourage their serious consideration by social scientists, especially economists. This would indeed be a pity, for there is much that could help to elaborate their own theories, as they in their turn could contribute to the evaluation and further development of these new concepts.

I. E. P. Menzies.

The Nurse and the Mental Patient. A Study in Interpersonal Relations. By Morris S. Schwartz and Emmy Lanning Schockley. (New York: Russell Sage Foundation, 1956. Pp. 289. $3.50.)

Recently the social context of mentally disturbed patients has been receiving increasing attention, and such books as *The Mental Hospital* by Alfred H. Stanton and Morris S. Schwartz (reviewed in this *Journal,* 1956, Pt. VI, p. 496) and *From Custodial to Therapeutic Patient Care in Mental Hospitals* by Dr. Milton Greenblatt, Dr. Richard H. York, and Dr. Esther Lucile Brown have dealt admirably with the problems involved.

In *The Nurse and the Mental Patient* the authors have maintained the already high standard set and give a most excellent account of the difficulties facing those who nurse patients in mental hospitals. Problems of actual interpersonal difficulties are lucidly and skilfully set forth, and examined in a special way with resultant positive means towards helping severely mentally ill patients becoming available to the nurse. Indeed some of the authors' comments on interpersonal relationships, i.e. transference—counter-transference, might well be taken to heart by all analysts. The notes on the silent patient, for example, are well worth full study.

The authors are certainly obviously dedicated to their work and the only possible criticism might be that they have an undue optimism about the extent to which skilful handling alone can in fact produce structural change in the patient. Nevertheless this is an outstanding book and deserves the highest possible praise.

J. L. Rowley.

God and Country. By Charles Schoenfeld. New York: Philosophical Library, 1955. Pp. 119. $3.00.)

The author starts the book with a statement that whenever man has encountered perplexing problems in regard to his fellow-men he has almost invariably been driven to the use of brute force. This in the age of the hydrogen bomb constitutes the greatest danger to the survival of the human race.

Faced with this danger, certain leading thinkers have maintained that a return to God and Church is the only way to regain social and moral values. Although the author agrees about the need of social and moral values, he questions the wisdom of a return to God and Church in the conventional sense of these terms. In fact, he subjects this proposed solution to a very critical examination.

The author confines his inquiry to modern America. In our judgement, however, his critical examination justifies a wider application. It may well be applied to the entire modern world.

As a first step to his inquiry, the author starts with a critical examination of an arbitrary definition of God, based upon the Judeo-Christian tradition, namely, that God is 'an all-powerful, all-knowing, all-feeling, rational and just, living entity who created and is vitally interested in man, who intervenes, either by himself or through intermediaries, in the life of man, and who ultimately will judge man'. After a thorough examination, he arrives at the conclusion that this definition of God 'is permeated with inconsistencies and improbabilities'.

But why is it, the author asks, that notwithstanding these 'inconsistencies and improbabilities' most people brought up in the Judeo-Christian tradition still continue unyieldingly and unhesitatingly to believe in a God of this kind? It is mainly to this inquiry that the first part of the book is devoted.

The speculative discussions of philosophers on this subject are hardly expected to furnish an adequate reply to the question, for the simple reason that with few exceptions they had no direct empirical knowledge of the human mind, or, when they did claim to possess it, it was gleaned from the investigations of other empirical scientists. For an adequate reply to the question we must look to those who have devoted their scientific labours to the understanding of the human mind. Among these, according to the author, towers the figure of Sigmund Freud, the father of psycho-analysis. It would be indefensible, the author thinks, not to accord to his findings at least a tentative acceptance.

If we now return to the definition of God given above, we find, the author says, that it is very applicable to a parental figure. In short, belief in this definition is a symbolic activity which provides a semblance of peace in a mind which was once disturbed by a repressed infantile fear of the loss of the mother and the security she represents. When this sense of security is threatened we experience a great feeling of anxiety. This creates in us a desperate need for the God of the above definition.

It is in the light of this that man's furious and unreasoning reaction to atheism finds, at last, an adequate explanation.

From these views the author is led to conclude that it is man's emotional disabilities which have not only prevented him from abandoning the concept of God, ' but have even enlisted his intellect in its active defence '.

Again, psycho-analytic research has shown that the human mind has a tendency to depict and interpret all experience in symbolic terms. For instance, certain parts of the structure of a cathedral (viz. the entrance, the point on top of the entrance, the circular ornament below and the main chamber etc.) suggest a startling analogy to the bodily structure of a female. Certain others (viz. the spires and the cross) suggest an analogy with the male body. On the basis of this analogy it is not difficult to surmise that the church may unconsciously represent to an individual a symbolic security.

The Judeo-Christian religions exalt an attitude of unquestioning faith as the greatest virtue, and condemn lack of faith as a sin. This is another example of the use of security symbolism in religion. The author reminds his readers that this attitude of unquestioning faith has often betrayed individuals into tragic situations in life. For ' one who is used to the habit of thought inherent in religious faith (as it is too often interpreted) proves an easy prey to the lures of new and dynamic faiths such as Fascism and Communism '. It is an unquestioning attitude of belief in such dictatorial creeds that accounted for the ascendency of Adolf Hitler. In its turn, this narrow faith is accompanied by intolerance with all its disastrous consequences.

Lastly, ritualistic prayer also may be regarded as a security symbol. The great danger confronting the modern world is that of continuing to use outdated practices and values in a situation which does not warrant their application, e.g. vain repetitions of prayers for the solution of a problem which really demands intensive study. The result of this misapplication is that ' an accumulating number of problems remain unsolved in the world today '.

But the security and authority symbolism does not necessarily have to take the form of belief in God. Fascism, Nazism and Communism, owing to the combination of security and authority symbolism, also provide for their adherents a similar semblance of peace of mind. Indeed, from this point of view, militant atheism (e.g. in the U.S.S.R.) may, on very good grounds, be regarded as a reaction formation, and stand self-exposed on the same grounds as the attitude of religious faith.

With these challenging observations the author turns to the discussion of the problems related to Country—the second part of the twin title of his book. Here he discusses such topics as the goals of life, education, sports, entertainment, and law as he finds these in modern America.

We shall end this brief résumé with the observation that this challenging book, with its cold, merciless logic, its formidable array of objective facts and penetrating insight into the unconscious mechanisms operative in the field of political behaviour of the modern man, has a claim on the attention of all students of the human mind. After going through it one is bound to feel that Sigmund Freud's *Future of an Illusion* was not written in vain. It still constitutes a challenge which no student of human nature can afford to ignore.

Israil Latif.

The Child's Conception of Space. By J. Piaget and B. Inhelder. (London: Routledge and Kegan Paul. Pp. 490. 42s.)

Psycho-analysis has robbed mankind of some of its most cherished illusions. No longer can we look back nostalgically to our ' age of innocence ' before libido and its attendant aggressions have crept like serpents into the purity of our minds. The curtain of amnesia at the end of Act 1 of the Human Situation has been lifted, and the villain of the piece revealed in his true incestuous, murderous colours. However tenaciously the unanalysed may cling to their picture of the infantile idyll in the face of the most blatant evidence to the contrary, the process of disenchantment is spreading. Freudian psychology has driven the child forever from his eden.

Piagetian psychology may have a similar, if less devastating, effect on our cognitive illusions of which there are also many. In the volume under review, a monument to the prodigious industry and fabulous productivity of the author, a further attempt is made to correct several misconceptions concerning the earliest mental functioning. By the method of ' genetic analysis ' Piaget explores the basic spatial ideas of the child through the course of their development and reaches some most interesting conclusions from the epistemological point of view. Such a study is considered by him ' an indispensable part of child psychology ' and the book is a convincing argument in favour of this statement. Most textbooks on child psychology, however, hardly touch upon the subject.

The notions exploded are non-genetic ones proclaiming innateness or a passive empiricism. Substituted for these is an active, or rather interactive, extraction of knowledge from the universe, founded on a dynamic relationship between the subject and his environment. The growth of knowledge regarding space follows a ' natural pattern ' which appears strikingly opposed to the pedagogical one. It would seem that space, as first conceived by the child, is not a Euclidean space of straight lines and angles, but a topological entity based on qualitative factors involving such relationships as ' close to ', ' separated from ', ' continuous with ' and so on. The child is essentially a relating rather than a measuring organism during the first stage, and it is only later that he attains to concepts of a projective and Euclidean space. This is the reverse of the historical development of geometrical thinking, so that the epistemological circle is completed when the most advanced ideas return once more to the baby's point of view, which is singularly unprejudiced. It is thinking without a preconceived frame of reference; it is perceiving with a poet's eye. The moral to this is that unless we become as sucklings we can never enter into an intellectual millenium or make original contributions.

All this (even allowing for liberal comment by the reviewer) adds up to an exciting revolution in our picture of the child's earliest world. Such ideas must affect our analytic interpretations, whose ultimate purpose is to link internal with external, reality with phantasy, and what goes on in the mind with what goes on in the body and the body's surroundings. The more one knows about the child's world, the more confidence is he going to have in our ability to understand him. This sort of book is an open invitation to child analysts and child psychotherapists to enter more fully and more assuredly into the strange world of childhood. There is also an invitation to connect the topological, projective and Euclidean spaces outside with the ' psychic ' space within—the space in which dream images, ' internal objects ', phantasies and hallucinated wish-fulfilments circulate endlessly.

In their preface, the authors (Piaget has an excellent collaborator in Mlle. Inhelder) apologize to us—' the indulgent readers '—for the lengthiness of the text. This reviewer, for one, could have done with some more and he looks forward to the promised volume on Euclidean measurement.

E. J. Anthony.

Mental Health and Infant Development. Vol. I, Papers and Discussions; Vol. II, Case Histories. Edited by Kenneth Soddy. (London: Routledge and Kegan Paul, 1955. Pp. xix, 308; v, 289. 25*s.* per volume.)

This work, published in two impressive volumes, is the report on the proceedings of a Seminar on Mental Health and Infant Development held at Chichester, England, in 1952 under the auspices of the World Federation of Mental Health. The seminar which lasted three weeks, studied the first two years of infant development and those aspects of family life associated with this. Fifty-one participants from thirty different countries were brought together with an eminent teaching staff from America, Great Britain and France, drawn from anthropology, child psychiatry, psychology, pediatrics, psycho-analysis, education, psychiatric social work, public health, medicine and nursing. The programme consisted of lectures, the study of case material, films and other visual aids.

The chief value of this report seems to the reviewer to be the impression given of the complexity and extent of the problems relating to infant development. It could prove a useful and stimulating reference book for government departments and administrators.

M. Bavin.

The Fields of Group Psychotherapy. Edited by S. R. Slavson. (New York: Int. Universities Press Inc., 1956. 338 pp. $6.00.)

This book is stated by its Editor to be an extension of an earlier volume, *The Practice of Group Psychotherapy* (Int. Universities Press, 1947), which dealt with the development of group psychotherapy up to 1945. The present volume, a collection of nineteen chapters by different authors, almost all American, is a co-operative presentation of the rapid development of group psychotherapeutic methods and their application in various clinical fields.

The Editor himself contributes an introductory chapter in which he outlines the advantages of selecting patients for groups on the basis of similarity of syndrome, and discusses some basic dynamics of group psychotherapy, and in particular of what Slavson calls analytic group psychotherapy, i.e. one based on modified and expanded psycho-analytic concepts. He is also the co-author of a chapter on group discussions with unmarried mothers.

T. P. Rees and M. M. Glatt, in the only contribution from Great Britain, sum up the historical developments of group therapy in mental hospitals before giving an account of the various group activities which are used at Warlingham Park. These include various types of activity groups, directive groups such as ' habit training groups ', as well as more strictly psycho-therapeutic ones.

Other chapters discuss the application of group psychotherapy in psychosomatic disorders, a particularly promising field, and in such specialized fields as addiction, alcoholism, allergy, geriatrics, delinquency. Of special interest are the chapters on child guidance, family services, marriage problems. Private practice is dealt with by W. C. Hulse.

The application of group techniques in industry is also discussed. There is an interesting chapter by S. R. Slavson on the wider aspects of the subject under the title of 'Community Mental Health'. Training is discussed by S. B. Hadden, and Benjamin Kotkov contributes a chapter on research.

This is indeed an integrated book, as the Editor claims in the preface, and not merely a collection of papers concerned with group psychotherapy. It contains much information and gives an excellent review of the many applications in which group psychotherapy has already found fruitful application.

S. H. Foulkes.

Psychiatric Research Reports of the American Psychiatric Associations. Numbers 1 to 4. Pp. 152, 176, 93, 129 resp., 1955 and 1956. (Published by the A.P.A., Washington 6, D.C. Price of single volume $2.)

This is a new and important venture undertaken by the A.P.A. with the assistance of Ciba Products Inc., for publication of scientific papers reporting research in progress, especially those presented at regional conferences sponsored by the Association jointly with medical schools. Reports 1 and 4 are concerned with the effects of drugs recently introduced in the treatment of psychiatric disorders and Report 4 with experimental research in psychosomatic medicine. Report 2 (Approaches to the Study of Human Personality) is of interest to the psycho-analyst. It contains a symposium dealing with E. Fromm's views on personality and with cultural, anthropological, semantic and communication approaches. Other papers deal with experimental psychodynamics, cybernetics and constitutional aspects. The symposia are well edited and very readable. They are good value for those interested in the special fields to which they contribute.

E. Stengel.

Triebstruktur und Geisteskrankheiten (Drive Structure and Mental Disorders). By Ernest Stumper. (Bern and Stuttgart: Hans Huber, 1956. Fr./DM 19·80. Pp. 159.)

This is the second volume of a series of publications edited by L. Szondi who applied some psychoanalytical principles to his projective psychological methods and elaborated an 'experimental drive diagnosis'. (Triebdiagnostik.) Szondi views mental illnesses as 'diseases of destiny'. He defines them as 'a familial innate and inescapable choice of solutions of instinctual conflicts made by a person'. Dr. Stumper, who is the Director of the Luxemburg mental hospital, has in this book made the attempt to apply Szondi's psychology to almost the whole of clinical psychiatry. It has its own set of symbols and measures which tend to create the misleading impression of scientific exactitude.

E. Stengel.

Die Messung der Intelligenz Erwachsener. (The Measurement of the Intelligence of Adults.) By David Wechsler. German Version by Anne Hardesty and Hans Lauber. (Bern and Stuttgart: Hans Huber, 1956. 3rd Ed. Fr. 24.80. Pp. 249.)

The Wechsler Bellevue Intelligence Scale for Adults, first published in 1939, has proved of great value in English speakng populations. This book presents the standardized German adaptation which should be useful not only in German speaking countries but also elsewhere in the testing of adult immigrants from those countries.

E. Stengel.

Society and Medicine. The New York Academy of Medicine Lectures to the Laity. No. XVII. Edited by Iago Galdston. (New York: Int. Univ. Press, 1955. $3.)

This is an interesting collection of addresses for the educated lay public. It starts with a delightful essay by the late Sir James Spence about his thousand Newcastle babies and their families, a famous study which 'ended up with a picture of a community, its way of living, its culture, its attitudes towards its institutions'. Liddell's talk about the natural history of neurotic behaviour introduced the audience into the field of experimental neurosis. Other addresses dealt with the environment and heredity as overlapping influences in shaping the individual, and with changing concepts of child care.

E. Stengel.

Group Processes. Transactions of the First Conference, September 1954. Edited by B. Schaffner. Sponsored by the Josiah Macy Foundation. (New York: 1955. Pp. 334. $5.50.)

Among the participants were Konrad Lorenz, Tinbergen, Howard S. Liddell, E. Erikson, Frieda Fromm-Reichmann, Margaret Mead, Fritz Redl, Stanley Cobb, I. A. Mirsky and E. Fremont-Smith. The book contains records of six most stimulating symposia centred around ethology, i.e. the biological study of animal behaviour initiated by Heinroth and established by Lorenz and Tinbergen. It is now generally accepted that these studies are of considerable importance to the science of human behaviour and especially to the psycho-analyst who shares with the ethologist the interest in the effects of earliest experiences. That, on the other hand, psycho-analysis can benefit ethology is illustrated by Helen Blauvelt researches into 'Dynamics of the mother-newborn relationship in goats' which were stimulated by René Spitz' observations in hospitalized infants. The last symposium dealt with the role of the observer in the animal experiment, which was compared with the role of the therapist in the psycho-analytical situation. This book is full of fascinating observations and ideas; it conveys both the informality and the intensity of the discussions. Everybody interested in the science of behaviour will enjoy reading it.

E. Stengel.

ABSTRACTS

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Heinz Hartmann, M.D. (New York). 'Notes on the Theory of Sublimation.' Pp. 9–29.

The definition of neutralization as a change from an instinctual towards a non-instinctual mode of energy utilization safeguards the distinction between the sublimated cathexis of an ego function and the sublimated cathexis of its aims and objects, and opens the way to problems essential for the metapsychology of the ego and of ego-id relations.

This paper is based on the probably threefold origin of neutralized energy in the two drives and in the ego (primary ego energy). There is evidence that sublimation is a continuous process and works with a continuum of gradations of energy from the fully instinctual to the fully neutralized mode. But secondary ego autonomy, which alone ensures the stability of an ego function and its resistivity to regression and reinstinctualization, presupposes the ego's accumulation in interaction with the outer and inner world of a reservoir of neutralized energy of its own which can be shifted to points where needed, and by which it is made independent of *ad hoc* acts of neutralization. Incentives to neutralization under the pressure of the id and under direction from the ego and, later, the superego are discussed. The operation of the primary process before the establishment of an ego organization involves displacements and symbolizations which may come in the course of development to be neutralized. Self-preservation, which in man is largely an ego function, is in fact geared to the operation of neutralization. Desexualization in Freud's view is correlated with defusion of instinct. The dangers of self- or object-destruction inherent in defusion can only be counteracted, therefore, if the ability to neutralize aggression is unimpaired. Sublimation of libido and aggression provides the ego in part with energy appropriate to its special needs.

The rôle of neutralization in defensive and in non-defensive ego functions and the varieties of cathexis involved is discussed. The aggression used in counter-cathexis in repression as well as the aggression used in ego-superego interplay exemplify partly neutralized forms still retaining unmistakable elements of 'fight'. The non-defensive ego activities may have a higher discharge value than the counter-cathexes, and the reaction formations appear to form an intermediary grade.

Furthermore the shift of energy from one ego function to another seems more easily achieved in the case of the non-defensive functions, though the defences draw to some extent on the reservoir of the shades of neutralized energy which the ego has at its disposal. The differences in degree of mobility between the various ego functions may in part correlate with the degrees of neutralization involved.

Finally the defensive nature of sublimation itself and its relation to optimal degrees of repression is discussed. The origin of sublimations in genital strivings, or in drives not directed to objects, is a question which may have the value of differential consideration in future studies where the functions and contents of sublimated activity may be related to gradations of energy neutralization.

Ernst Kris, Ph.D. 'Neutralization and Sublimation. Observations on Young Children.'

The author uses intensive observations on the 'sublimated' activity of several young children to study the problem of energy transformation. The discussion is within the context of the author's earlier formulations on the part played in the creative process on the one hand by the permanent investment of the ego with neutralized energy—now linked with Hartmann's 'reservoir'—and on the other by such transitory changes of energy distribution, neutralized or otherwise, as may occur in the course of any type of activity, the 'energy flux'.

Observations on the defences used by young children to cope with impulses to mess activated by the medium of painting activity, illustrate the interdependence of drive discharge and goal displacement and the way in which the structure of the activity itself influences the process of neutralization. While the capacity to neutralize determines the preference for the specific activity and to some extent the capacity to endure difficulties and solve problems in this particular area, the structure of the activity supplies incentives for increased neutralization. Pleasure in interesting colour contrasts, rare shading, and balanced and fantastic configurations is found alternating with pleasure in mixing and smearing. Later representational elements take charge and phantasies become attached to shapes. The primary process is at work, though attempts or pretences at control can be noticed in the creative process. In some children the process of neutralization may be arrested at an earlier stage by premature 'completion' of the picture indicating avoidance of the danger of seduction by the medium or by obsessionally dominated work. Comparative observations taken from longitudinal studies of two children, in one of whom the ability to sublimate far outran that of the other, suggest that some significant part was played by the quality of the early relationship of the two mothers to their children. Moreover, the activity to which the neutralized energy is directed is likely to be most significant to the child and the choice of sublimation most successful when this activity at the same time represents a bond with the love object. 'In Evelyn the capacity to neutralize was early developed, in Anne this general capacity did not reach a comparable stage. Most areas of her behaviour were free from instinctual outbreaks, but in none was neutralization carried as far as with Evelyn. While Evelyn soiled at 2½, in those activities in which neutralization had been achieved, the degree of neutralization seemed extraordinary.' The difference can be expressed in terms of the reservoir and the flux.

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Observations in the first eighteen months of children institutionalized from birth, suggest that retardation and inhibition of activities involving higher organization of discharge, problem solving, and thinking related to action, is gross compared with the maturation of for example motor processes. The conclusion is drawn that the latter are more closely dependent on non-instinctual energies and the former on the neutralization of instinctual energy. 'The study of two interacting processes, of maturation and adaptive patterning in response to the mother's ministrations, might enable us to approach the question of how specific types and modalities of maternal care can be related to the development of the capacity for neutralization of instinctive energy in the child.'

Paul Kramer, M.D. (Chicago). 'On Discovering One's Identity.' Pp. 47–74.

The author describes the beginnings of the development of a sense of personal identity as it could be reconstructed in the analysis of a middle-aged man. The unsuccessful outcome initiated by traumatic events could be traced to a number of factors, in which the constitutional undoubtedly played a part. One of these appeared to be an inherent disproportion between the intensity of instinctual drives and the capacity for their mastery. Early frustrations, the mother's impatient attitude, discrepancies between her demands for the child's maturation and the infant's innate ability for growth, were other factors involved. A debilitating organic illness in early infancy initiated a process of partial ego maturation at an age earlier and at a rate of speed greater than was natural to the infant. Thus, necessity instead of providing a stimulating factor becomes a traumatic influence on ego development.

The patient's symptomatology and behaviour patterns showed the influence of two mutually contradictory tendencies, the desire to unite with the mother and ensure the persistence of infantile omnipotence, and on the other hand the desire to prevent the loss of identity and the personal death involved in complete reunion with her. In consequence of the traumatic circumstances of the discovery of the child's painful separateness from the mother, an ego segment, 'the little man', was isolated from the rest of the personality. It remained the main function of this separate structure to prevent either of the above-mentioned tendencies from gaining the upper hand. The ensuing neurosis achieved this only at the cost of a crippling inhibition of the ego's freedom of movement, a far-reaching renunciation of the instinctual gratification and attacks of paralysing anxiety.

K. R. Eissler, M.D. (New York). 'An Unusual Function of an Amnesia.' Pp. 75–82.

A patient reported that she could not remember that her mother spent any time with her as a child. This apparent amnesia proved to be a negative cover memory denying the pleasurable experiences of the mother's love. It existed side by side with a clear memory of the traumatic withdrawal of the mother's care at the age of five or six.

The state of being repressed follows the operation of any defence mechanism and should be distinguished from the act of repression, a defensive operation to remove psychic content from consciousness. In this case the far-reaching effects of the defensive operation suggest that a cluster of mechanisms are at work serving to protect the psychic apparatus on a more archaic level than that on which the avoidance of displeasure and the gain of pleasure are the principal goals. The amnesia had the function not only of denying that the patient had suffered a trauma, but of supporting her belief that no trauma could occur to her. The hysteric's repetitive traumatization was totally absent. The patient lived a peaceful and successful life, but without full participation of the self, attributing her success to good luck and the operation of circumstances.

The author considers the likelihood that the activation of the defensive process leading to a childhood neurosis may stem not only, as Freud (1926) says, from anxiety over an external danger leading to repression. If, prior to the differentiation of the personality, the defensive operations arise in response to an internal danger (in the present case the danger of stimulation *per se*), particularly serious forms of psychopathology may result. The motive for defence in the case was reflected in the symptomatology, and in the analysis by a quantitatively greater resistance than would have been encountered if repression alone had been the operative defence.

The author therefore suggests the following regrouping of infantile anxieties.

The danger of not meeting the requirements of the reality principle, fear of loss of love and castration being the prevailing anxieties; the danger of not meeting the requirements of the pleasure principle, dread of the strength of the instincts being the prevailing anxiety; the danger of not meeting the requirements of the nirvana (constancy) principle, the fear of stimulation being paramount.

Victor H. Rosen, M.D. (New York). 'Strephosymbolia: An Intrasystemic Disturbance of the Synthetic Function of the Ego.' Pp. 83–99.

Evidence presented from the analysis of a young mathematician, who suffered from developmental difficulties affecting his ability to write and spell, indicates that his writing errors arose from oscillations between attempts to reproduce words in phonetic fashion without regard to their visual appearance or, alternatively, in ideographic fashion without regard to the sound of the word. It is suggested that phylogenetically his disturbance is similar to a transitional stage in the development of writing between ideographic forms and a syllabary alphabet with incomplete development of the concept of phonetic writing. It is suggested that the basic conflict in this case arises from the primal scene fantasy which associates father with visual activities and mother with auditory functions, and which conceives of them as incapable of producing a child except by artificial insemination. It is further suggested that secondary autonomy has been achieved in the visual and auditory perceptual functions of the ego when utilized separately, and that conflict invades these areas only in their synthetic function relating to recognizing and evoking phonetic words and images. At this point their synthetic product becomes invested with primal scene significance. The genetic origin of the disability may be due to precocious maturation of certain ego sectors involved in visual and auditory perceptual processes, so that they become involved in oedipal conflict at a crucial stage in their development. Thus they are prevented in their synthetic relationship from forming a new completely autonomous structure as they might have done had their development been somewhat delayed. An attempt is made to indicate the relationship between this disturbance of interperceptual synthesis and the enhancement of preconscious problem-solving operations in mathematics which utilize attenuated ' unsolidified ' images.

Edward Liss, M.D. (New York). 'Motivations in Learning.' Pp. 100–116.

The author describes the contribution which psycho-analysis has made to latter-day views on the process of learning as they affect teacher and student. He outlines the main facts of instinctual development and object relation as well as some of the chief conflicts which influence this aspect of ego maturation.

Max Schur, M.D. (New York). 'Comments on the Metapsychology of Somatization.' Pp. 119–161.

An intensive report of the analysis of a patient suffering from chronic exudative lichenoid dermatosis is used to show how the emergence of somatic phenomena is linked to an impairment of ego function, with a prevalence of primary process thinking and failure of the process of neutralization. As the sexuality of these cases is predominantly pregenital, hence the source of extensive conflict giving rise to anxiety and aggression, it is difficult to separate the somatic manifestations of libido, aggression, and anxiety. The ego function may deviate from the normal, in the direction of neurotic response, both by the regressive evaluation of danger and by regressive reaction. Instinctual demands are experienced as dangerous and potential dangers as actual and even as traumatic. The reaction in such situations may undergo far-reaching regression and infantile types of diffuse discharge phenomena reemerge. Regression may be carried to a preverbal, pre-ego stage of development where reaction to stimuli is in the closest sense psychosomatic, and when conscious experience is limited to the awareness of the discharge phenomena which genetically have been present before emergence of the affect. A distinction is thus made between somatization which is an anxiety equivalent, and somatization which is an anxiety concomitant. While physiological regression is always linked to the prevalence of primary process thinking, and failure of neutralization, the loss of these functions will not always result in physiological regression, the total situation of the individual and the predisposition to regressive types of anxiety being operative factors.

The author discusses similarities between symptom formation in certain dermatoses, and in hysterical conversions, some aspects of fetishism and schizophrenia. While his observations failed to find any specificity of personality structure or of conflict or defence against any one phase of sexual or of aggressive development, patients had in common a prevalence of narcissistic, pregenital elements in libido development, with tenuous object relations built around narcissistic needs, and widespread impairment of ego function, with a history of severe traumatization.

Dorothy Burlingham (London) in co-operation with Alice Goldberger (London) and Andre Lussier, Ph.D. (Montreal). 'Simultaneous Analysis of Mother and Child.' Pp. 165–186.

This study shows how the psychopathology of a mother influenced that of her child as revealed in their respective independent analyses. The conclusions, which are still incomplete, show the following types of interaction. The mother's inhibition of function (e.g. inability to breast feed) due to her unconscious anxiety had in some instances a lasting pathogenic influence on the whole life and development of the child. Her unconscious fears played the rôle of active pathogenic environmental agents. Similarly her own fantasies of emptiness or fulness not only determined the child's feeding situation and her evaluation of and reaction to his digestive disturbances, but were incorporated in his own fantasy life and determined his later feeding troubles and constipation.

The child's understanding of the mother's ambivalent overevaluation of his penis, her conflicting desires for it and hostility against it contributed to his exaggerated exhibitionism and to the equation of his body with the erect penis. His restless wriggling and crashing into walls could be accounted for in this way. The relation of the two over the child's excretory activities were in the nature of a *folie à deux* representative of sexual union.

So far as the child was under the influence of the fantasy life of the mother, analysis was able to raise his reactions to consciousness and lead to a growing independence. In so far as the mother acted out her fantasy life in the child's body care, the influence of her continued seductions outweighed the effect of the analysis. This fact is of considerable prognostic value.

Phyllis Greenacre, M.D. (New York). 'Further Considerations Regarding Fetishism.' Pp. 187–194.

The author develops the theme of her earlier paper (1953), linking the severe castration anxiety of fetishists with traumatic experiences in the period six to eighteen months and at the time of the early phallic phase. Additions concern: (1) The interrelation between different types of perversion; (2) problems of body reality and their relation to the general sense of reality; and (3) aggression and acting out in relation to the reality sense.

(1) Earliest disturbances occurring during the transition from primary to secondary process constitute an enormous stimulation of aggression and affect all the developing libidinal phases. They make for a confluence of discharge routes (1954) and culminate in the accentuation of perverse organization. This, rather than constitutional inferiority, accounts for the concurrence in overt forms of homosexual and bisexual behaviour in the fetishist.

(2) In the early stages of the development of the body ego, visual-oral aggression may remain overstrong so that the integration of visual and tactual sensory exploration, as described by Hoffer, fails to occur. Uncertainty as to what is 'me' and 'not me' affecting the 'belongingness' of the penis may be reactivated in the phallic phase under pressure of castration anxiety and affect the sense of separateness from the other sex. The fetishist's oscillation in sense of body self with quick identification with others mediated largely through vision, especially in sexual situations, causes him to suffer the distresses of castration anxiety both for himself and his partner during and in anticipation of intercourse. Fantasies and memories are expressed as body imagery and body sensations rather than as thought imagery. Fantasy life is limited and not available for intellectual pursuits.

(3) Tendencies to action and acting out are implicit in the fetishistic character, probably influenced by the suffusion of the entire body with aggressive stimulation in very early actual traumas defying defence. The very diffusion of the aggression may result in a frozen immobility with an accompanying state of psychic unreality, since the stimuli cannot be adequately responded to. Moreover, the early suffusion with aggression with its paradoxical immobility establishes a kind of reversal of reaction at a psychophysiological level which contributes to and may be the paradigm of later forms of quick denial and reversal.

Margaret Mahler, M.D., and Bertram J. Gosliner, M.D. (New York). 'On Symbiotic Child Psychosis, Genetic, Dynamic and Restitutive Aspects.' Pp. 195–212.

The processes of development leading to individuation of self and object in the second and third years of life are described, and some environmental factors noted which interfere with or assist in the fusion of good and bad images of object and self. Detailed case material is adduced where integration of the good and bad mother images, as well as clear differentiation of representations of part objects outside from part images of the self has been defective. At the point where fear of re-engulfment into a symbiosis amounting to loss of identity accumulates simultaneously with its apparent opposite, separation anxiety, the ego is overwhelmed and further progressive integration is prevented. There is regression to the stage where unneutralized libido and aggression were invested in the symbiotic system within the child's inner delusional reality. At this point the real mother ceases to exist for the child as a separate entity, and the child's world is dominated by good and bad introjects. Children described become possessed by unneutralized aggression manifesting itself in catatonic agitation and violence towards objects and their own body. In one case the introjects obtain symbolic personification in psychotic fetishistic objects, or there is exclusive preoccupation with inanimate objects which can serve the child for a frame of reference because of their predictability. In this case, material illustrates how in the second eighteen months of life the child whose ego is constitutionally vulnerable, symbiotically fixated, and now during the separation-individuation phase is additionally traumatized, may regress to the objectless autistic stage and lose contact with his precarious identity and with reality.

Rene Spitz, M.D. (New York). 'The Primal Cavity. A Contribution to the Genesis of Perception and its Role for Psychoanalytic Theory.' Pp. 215–240.

The author uses further observational and clinical material to modify and extend the reconstructions of Isakower and Lewin concerning the perceptual process in earliest infancy. The earliest precursors of perception are received in the oral cavity which is able to function as a bridge between inner receptive and outer perceptive experience. The feeding infant stares not at the mother's breast but at her face, finally uniting the tactile and visual perceptions into an undifferentiated unity. The visual elements of the dream screen are therefore related to the mother's face, notwithstanding that its other sensory elements belong with the breast. Further perceptual elements arising in the hands, the labyrinth, and the skin unite with the intra-oral sensations in a situational experience in which no part is distinguished from the other.

'According to our experimental observations, we may assume that somewhere from three to eighteen months the infant perceives mainly in images and operates mentally with the memory traces laid down by visual percepts. It is around eighteen months that verbal proficiency becomes established, enabling the infant to begin to replace in his mental operations an increasing number of visual perceptions by verbal symbols.' Normally the adult regresses from the level of symbolic function to the level of visual imagery in dreams, at which level the dream screen becomes perceivable. In states of dissociation or illness a further regression to the level of coenaesthetic perception may occur in which Isakower phenomena become available. 'The level of coenaesthetic perception belongs to the . . . experiential world of the primal cavity . . . It is to this world that man escapes when he feels threatened by pathological conditions in febrile states; also when in the waking state the ego becomes helpless through dissociation, as in toxic conditions. The method of escape has a double mechanism: the withdrawal of cathexis from the sensorium on the one hand, the hypercathexis of the body ego on the other. The particular sector of the body ego representation which seems most highly cathected is the representation of the primal cavity. This distribution of cathexis makes the experience of the Isakower phenomenon possible.' The withdrawal of cathexis from the sensorium is itself a reinstatement of the stimulus barrier of the neonate and a precondition of the reinstatement of primary narcissism.

Bela Mittlemann, M.D. 'Motor Patterns and Genital Behaviour: Fetishism.' Pp. 241–263.

The author follows up the implications for pathology of his concept of a motor drive, more especially of the affectomotor and rhythmic phenomena described in Vol. 9 of this journal. In some infants joy patterns differ or overlap with those related to other emotions, but this is not always so. These patterns are largely congenitally determined as distinct from the rhythmic auto-erotic patterns which seem largely influenced by environment. Both phenomena may appear regressively in older children or adults during excitement and may contribute to the patterning of symptoms in disturbances of the genital function, more particularly to fetishism.

In a child manifesting foot fetishism the normal libidinal investment of feet was intensified by the vigorous jumping experiences which accompanied the feeling of joy and affected as well his own body image. These factors combined with disturbed relations in the environment to produce the symptom of foot fetishism and prolonged masturbation.

Early affectomotor and rhythmic patterns are also incorporated into adult gestures and motor behaviour during intercourse and orgasm.

Fetishistic activity frequently follows current disappointments. The infantile patterns are fused with and reinforced by a circular sequence of reactions containing dependent needs, hostility, guilt, fear of abandonment, fear of genital injury, and the defensive and restitutive use of the fetish as a reliable, controlled, and defenceless part object. The use of the latter potentially reinstates the attitudes and impulses with which the patient tried to cope.

During the period of exploratory part objects and, later, when skeletal motility dominates the functions of mastery, of integration and pleasure—then dependency needs, hostility and anxiety are readily carried over into active or passive motility and may in turn lead to genital excitement with part object choice.

The same connexions may exist in adults with motor restlessness, passive muscle erotism, and significant areas of motor inhibition.

Selma Fraiberg (Detroit). 'Some Considerations on the Introduction to Therapy in Puberty.' Pp. 264–286.

The morbid aspects of the clinical picture in puberty are counterbalanced by the tremendous forward thrust of the drives, and the impetus toward growth can work for a favourable outcome of treatment. Almost all writers on the other hand recognize the adolescent's negative reactions towards treatment and the powerful initial resistances to be handled. The author considers that these characteristic problems concern chiefly the biological age of puberty, and that the analytic method and the child's approach to therapy more nearly approximate to the adult in late adolescence. The paper illustrates and discusses types of resistance met at the beginning of treatment with prepubertal and early pubertal cases, and some technical considerations which assist progress.

Lawrence S. Kubie, M.D., and Hyman A. Israel (New York). ' " Say You're Sorry ".' Pp. 289–299.

The story is told of the first meeting with a deeply regressed child of five in the teaching seminar of a hospital. The regression had been sudden, of some weeks' duration, and was accompanied by partial mutism. The empathy with which the child's idiosyncratic sign language was met in the interview initiated the first turn towards health. The author discusses the episode and the subsequent treatment for the light thrown on the unconscious interplay between therapist and patient in verbal and non-verbal communication. The case illustrates the distortion of the child's symbolic function to allow the gap between the ' me ' and the ' not me ' to be bridged; the acutely regressed phase marked the severing of the link between the two, and the first interview and later aspects of the therapy represented successful rebridging initiated by the analyst. The author asks: What are the situations in which effective interpretative communication can be non-verbal? What are the situations in which effective communication can be approximate and general or alternatively dependent on the unique and precise word?

David Crocker, M.D. (Cleveland). ' The Study of a Problem of Aggression.' Pp. 300–335.

In the case of a thirteen-year-old boy suffering from such outbreaks of antisocial aggression as to necessitate admittance to a residential treatment centre, the development and manifestations of aggression and related disturbances of reality testing are described as they were observed during the course of a successful analysis. Acting out on a grand scale prevented progress in school and influenced the analyst to make both useful and unsuccessful technical deviations, which are described. The crucial trauma related to seductive stimulations at all phases of libidinal development, leading to a breakdown of ego-mastery and destructive and self-destructive outbursts. Another source was the rigid controlling interference with ego-mastery in all phases. In the oedipal phase the aggressive acting out was a direct representation of the primal scene excitement as well as a defence against homosexual excitement. In his fantasy of injury at conception lay the excitement which he felt he could not master and which had injured him psychically and emotionally. This may have represented the origin of his aggression.

Eleanor W. Demarest, M.D., and Muriel Chaves Winestine, M.S. (New York). ' The Initial Phase of Concomitant Treatment of Twins.' Pp. 336–352.

The presentation indicates how the introduction of therapy upset the formerly established equilibrium between the twins and made apparent the insufficient individuation of each twin from the mother and its sibling. The effect of this on each twin's personality accounts for the marked difference in their approach to and utilization of therapy.

The mother showed a strong preference for the more active twin, Susan, and permitted Susan to thwart Ann's early attempts at making contact with the mother so that Ann eventually withdrew. Ann acquiesced in a submissive attitude to Susan and showed anxiety when she was absent.

In treatment Susan was unable to accept any situation which did not mirror her relationship with her mother or with Ann, or which threatened the equilibrium of these relationships. So long as the transference focused on her unindividuated relationship with her mother, it could not be utilized, because it was too threatening to Susan and to the mother. The assertiveness which Ann developed as a result of analysis deprived Susan of her ' puppet ' and she transferred this rôle on to the therapist. Thus her maternal identifications came into the analysis and enabled her rivalry with Ann to be analysed.

Ann's wish for a place where there was no other child was an impetus to treatment. She forced the therapist into a limited rôle as provider of play material and transferred the remoteness characteristic of her relation to her mother. Though she responded with depression to deprivations, she was unable to attempt an exclusive mother-child relationship, because she had never experienced one until, having staged an attempt by telephone to separate Susan from her own analyst, she was able to escape from domination and adopt her own therapist as object.

Although Ann has individuated herself from Susan, her ego-functioning shows marked defects of differentiation and integration, while Susan's drive disturbance is apparent through lack of fusion of libidinal and aggressive elements.

Lucie Jessner, M.D., John Lamont, M.D., Robert Long, M.D., Babette Whipple, Ph.D., and Norman Prentice, M.A. (Boston). ' Emotional Impact of Nearness and Separation for the Asthmatic Child and his Mother.' Pp. 353–375.

Extensive case material illustrates the part played by emotional conflicts within the mother-child relationship in the genesis of asthmatic conditions. A partial symbiosis marks the relationship from the side of both mother and child. The mother repeats with the child this feature of her own maternal relationship and alternately the defensive features of withdrawal and rejection. The child feels enveloped and choked by the mother's need to keep him so close and expresses this symbolically in fantasies of a womb which is both a shelter and a place where one may drown. For both mother and child the asthma may become a vehicle for the expression of feelings of protection and rejection, surrender and rebellion. The conflict is intensified when the two are together and lessened during separation. Profound regressive and oral wishes are akin to those of psychotics but with more adequate defences, frequently of a phobic kind. While the personality fails to establish independent attitudes, in other ways ego-development is continuous.

Elizabeth Gero-Heymann (New York). ' A Short Communication on a Traumatic Episode in a Child of Two Years and Seven Months.' Pp. 376–380.

A mother under analysis was able to help her daughter assimilate a traumatic experience caused by the head of her doll flying off. The child's preoccupation with penis envy of her elder brother and with her aggressive feelings towards her mother, who was frequently absent, were the operative factors in the traumatic nature of the incident. Interpretation by means of a song which the mother made up went no further than to make it clear that the child's aggressive wishes had not hurt the mother and that the mother was still loving. Though the child's anger that she had not been given a penis was clearly basic in the aggressive feelings towards the mother, these interpretations of her fear of her own magical omnipotence and of the mother's retaliation enabled her to work through unaided to a satisfactory feminine position.

Martha Wolfenstein, Ph.D. (New York). ' Mad Laughter in a Six-Year-Old Boy.' Pp. 381–394.

A schizophrenic child who lived in constant fear of being sent away by his mother who had been deserted by her husband developed a wild laughter, accompanied by rolling on the floor, which served as a substitute for tears in an effort to reverse painful emotion. It acted also as a release for aggressive and sexual feelings, particularly as the equivalent of excretory acts. He used laughter as an infant uses crying to summon a needed person as well as to excite his mother and make her angry. He thus induced her to participate in his excitement and to intensify it by hitting him.

The central theme was, however, the equation with the excretory act, which was intensely eroticized for this child. It represented that for which his mother wanted to get rid of him. By repeating excretory acts in the form of laughter, he actively precipitated the danger situation and tested its likelihood. The laughter represented a ' getting rid ' of incessant inner strain and perhaps of the introjected mother (passive-active mechanism).

The author discusses these findings in the wider context of the normal. In the series urinating, defecating, crying, laughter also may have the significance of ridding the body of bad internal things (bad impulses and painful inhibitions in the case of wit). Laughter may be the only ' excretory ' act in respect of which loss of control remains permissible. The wild laughter of this child is in contrast with the normal latency situation. While the young child acts as well as speaks his ' joke ', there is a reduction in the use of the body for this purpose in latency where verbal expression increases in isolation from motor activity. While this child's laughter was often initiated by highly condensed word cues, often of an anal nature, the feature is related more to the unelaborated word joking of the four-year-old than to the condensation which characterizes latency wit. In the case of the schizophrenic child the content was exclusively personal and aimed at hiding his acute immediate distress from himself. Normal latency joking works over emotional problems of preceding phases of development whose urgency has been reduced, in a way which combines the wish for concealment with a true wish to communicate. Normally the aggressive provocation of the joke is moderated by the gratification it offers to the hearer. This child's hilarity offered only provocation.

Ruth Thomas.

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Therese F. Benedek. 'Toward the Biology of the Depressive Constellation.'

The author's theory of a depressive constellation is based upon her psycho-analytic experience with mothers and children and her research into the female sexual cycle. She suggests that each phase of the menstrual cycle is accompanied by a regression to orality. The mother of the newborn child reacts to the demands made upon her by an increase in her receptive wishes. A complex interrelationship is established between mother and child. The satisfied infant promotes a feeling of confidence in the mother and increases her motherliness. When the child fails to be satisfied this can result in self-directed hostility, leading to the equation ' bad ' mother = ' bad ' self. The failure to meet the child's needs results in the frustration of the mother's receptive wishes. This may activate the hatred which was once associated with her own oral deprivation. She thus becomes the ' bad ' mother in identification with her own mother as well as the ' bad ' child. Well-being can only be regained by the infant's satisfaction which would represent her own gratification at her mother's breast.

The core of the depressive constellation consists of the introjected hated, frustrating mother now identified with the self which is consequently 'bad' also. The depressive core can be stimulated by regression to the oral phase which occurs during the female procreative cycle. In those women who are ambivalent owing to identification with the 'bad' mother, hormonal stimulation of the reproductive drives can mobilize the depressive constellation and lead to depression.

George L. Engel and Franz Reichsman. 'Spontaneous and Experimentally Induced Depression in an Infant with a Gastric Fistula: A Contribution to the Problem of Depression.'

This is a case report followed by discussion of an infant girl who was found at birth to be suffering from congenital atresia of the oesophagus. Cervical and gastric fistulae were established and the child discharged to her home. She was to return for a further operation later which would allow the child to swallow normally. Owing to a number of circumstances the child was neglected at home, and she had to be readmitted to hospital at the age of one year and three months. She there remained for nine months and was successfully operated upon. It was noted that a depressive withdrawal reaction appeared when the infant was confronted with a stranger. During the depression-withdrawal reaction there was a profound reduction in the secretion of hydrochloric acid and pepsin by the stomach. A number of factors are listed as being the cause of the reaction. Amongst these are: (i) the interference with the normal feeding pattern as a result of the anatomical defect; (ii) the mother's uneasiness with the abnormal child; (iii) the mother's subsequent pregnancy; (iv) the move from the grandparent's home to an isolated house in the hills.

The latter half of the paper is taken up with an examination of the relationship between depressive phenomena in infancy and those of adult life. The authors have found Benedek's formulation (see above) very helpful in understanding the child's depressive reaction. They suggest that after a period of activity which ends in exhaustion the depressive reaction supervenes. This occurs only when there is no longer any hope of resuscitation of the mother-child symbiosis. The child's failure to show anxiety instead of depression when confronted with a stranger can be attributed to the repeated past failure of the anxiety response.

The authors propose that two basic processes predispose to the nuclear psychodynamic constellation which is potentially depressogenic. The more primitive is a tendency towards biological withdrawal in the face of threatened exhaustion. The second factor is what Benedek has called the 'ambivalent core'. In depression there is not only an oral process of introjection of the object but also an inactive pre-oral, pre-object primordial process. The active phase has the aim of restoring the lost object. The child's reaction of depression-withdrawal represented the reaction of the inactive, pre-oral phase.

Judith S. Kestenberg. 'Vicissitudes of Female Sexuality.'

This paper takes up the problem of the rôle of the vagina in early development. It begins with a discussion of the activity-passivity problem as it relates to femininity. It is suggested that, prior to the period when the vagina is recognized as a bodily organ, tension arising within the vagina is expressed as a yearning for a passive experience. The girl in pre-puberty reacts to sexual tension without being aware of its source. The influence which each libidinal phase has upon the final psychical representations of the vagina is described at length—separate sections of the paper being given over to the oral, anal, and phallic phases. At one stage according to the author vaginal sensations are projected on to the baby. This projection of vaginal sensations transforms the idea of the vagina as a devouring mouth or bad-smelling hole into that of a precious organ. In this early maternal stage of development play with dolls represents the child's mother relationship and the externalized vagina. In the conclusion Kestenberg suggests that the long period of vaginal frustration imposed upon the girl biologically facilitates the development of maternal feelings. This is accomplished by the transformation of vaginal tensions into maternal urges.

Sandor S. Feldman. 'Crying at the Happy Ending.'

'There are no tears of joy, only tears of sorrow'; Feldman ends his short paper with these words. He shows by means of numerous examples that crying at the happy ending arises from a number of causes. It may be due to delayed effect; to sad events the memory of which is awakened by a happy ending; or to guilt. A further explanation is offered, the essence of which is that in adult life the individual can no longer experience the happiness and the parental protection of childhood. Feldman points out that we cry not only over past unhappy events, but also because the happy childhood with its illusions is gone, and we cry for the sad end which is sure to come—the separation from the beloved ones.

Leon Saul and Edith Sheppard. 'An Attempt to Quantify Emotional Forces using Manifest Dreams; A Preliminary Study.'

The observation that there was a striking difference between the manifest dream content of normal subjects and hypertensive patients led the authors to undertake a systematic study of 500 dreams obtained from 200 subjects. A hundred of these were normal and the other hundred suffered from hypertension. A survey revealed that the dreams of the hypertensive patients showed a higher frequency and intensity of hostility associated with anxiety than did those of the normal subjects. A scale was devised to 'measure' hostility as expressed in the manifest dream. The results obtained from the use of this scale indicated that it could discriminate between the dreams of normal subjects and hypertensive patients, i.e. from the judges' scoring there was both a greater intensity and frequency of hostility in the dreams of the hypertensives than in those of the normally tensive.

The authors emphasize that the use of the scale is of no help in arriving at the latent dream thoughts, nor can it take the place of a full understanding of the predominant unconscious conflicts present in the individual case. Nevertheless as a method of measuring emotional forces it may be a useful adjunct to more comprehensive investigation.

Philip Weissman. 'On Pregenital Compulsive Phenomena and the Repetition Compulsion.'

In this paper the question is raised whether or not all forms of play in the pre-genital period which 'discharge unpleasure' are inevitably an expression of the repetition compulsion. The author points out that the observer must decide whether or not the play is an autonomous ego activity. Viewed in this light repetitive normal play is to be distinguished from compulsive play, which is also to be seen in very young children. This latter type of play is not conflict-free. The fact that such play is conflict-ridden indicates that it also has the function of discharge of unpleasure. The example of a young child's play given by Freud in *Beyond the Pleasure Principle* is re-examined. The author comes to the conclusion that the child's activity was not due to the repetition compulsion but was a manifestation of conflict. Pre-genital compulsive behaviour and compulsive symptoms are non-autonomous ego-activities, and are similar to the later post-latency obsessional compulsive phenomena. The presence of compulsively patterned behaviour and of compulsive symptoms in pre-genital life gives rise to a number of important clinical problems; e.g. what is the final outcome of these pre-genital compulsions in later life, and do such phenomena continue into the obsessional neurosis of the adult.

Thomas Freeman.

NEWS, NOTES AND COMMENTS

Commemorative Celebrations in Paris of the Centenary of Sigmund Freud's Birth

In November 1956 the Société Psychanalytique de Paris celebrated the centenary of Sigmund Freud's birth on the occasion of the 19th Congress of the Psychanalystes de Langues Romanes which it organized in conjunction with the Association des Psychanalystes de Belgique and the Sociétés Italienne et Suisse de Psychanalyse.

It will be remembered that Freud spent the year 1886 in Charcot's department at the Salpêtrière. The Société Psychanalytique de Paris decided to commemorate Freud's studies with Charcot in Paris by affixing a plaque in the lecture-room which bears Charcot's name.

This plaque, on which appears a medallion of Freud, was unveiled on the first day of the Congress in the presence of M. André le Trocquer, president of the Assemblée Nationale, with Professor Alajouanine, present holder of the Chaire de Clinique des Maladies Nerveuses, presiding.

Addresses were given by Dr. Ernest Jones, honorary president of the International Psycho-Analytical Association (see below); by Madame Marie Bonaparte, honorary president of the Société Psychanalytique de Paris, who spoke of the tributes that had come from all over the world; by Dr. M. Bouvet, president of the Société Psychanalytique de Paris; and by Dr. S. Nacht, director of the Institut de Psychanalyse.

Freud's family, in the absence of Miss Anna Freud, who was indisposed, was represented by Professor Freud's son, Mr. Ernst L. Freud.

In the afternoon the Congress heard addresses given by M. Lechat in the name of the Association des Psychanalystes de Belgique, by Dr. de Saussure in the name of the Société Suisse de Psychanalyse, followed by a tribute to Freud by Dr. Francis Pasche.

In a delightfully worded speech Dr. Pasche gave a picture of Freud's achievement and the quality of his work. In the discussion which followed a number of those taking part dwelt on the living nature of Freud's work, now an integral part of human science.

The Institut de Psychanalyse has decided to publish the speeches given at the Salpêtrière on the occasion of the inauguration of this plaque in memory of Freud's stay in Paris, as well as Dr. F. Pasche's address, in a special brochure with a preface by Dr. S. Nacht.

S. Lebovici.

Address given by Dr. Ernest Jones, Honorary President of the International Psycho-Analytical Association, on the occasion of the unveiling of a plaque at the Salpêtrière in honour of Sigmund Freud

The Salpêtrière School! About eighty years ago the great Charcot, the most celebrated neurologist of his time, made this name famous in every medical centre of the world. He roamed the ancient rooms of this old hospital and gave names to diseases before unknown and unnamed, as it is said our ancestor Adam did to the animals which peopled the Garden of Eden. Charcot was a keen observer, a great clinician, above all an outstanding personality. It is just this personality which impressed Freud so much. The three months the young Viennese doctor spent at the Salpêtrière were, in my opinion, a decisive turning-point in his life. By his example Charcot inspired him with the courage to consider hysteria, that disconcerting illness until then disparaged, as worthy of investigation by a man of science. Freud of course knew, before coming to Paris, about the application of hypnosis for nervous complaints. His friend Joseph Breuer had told him of the remarkable results obtained in treating his patient Anna O. by the cathartic method which was to become the seed of psycho-analysis. Freud even tried to interest Charcot in this method, but being a neurologist Charcot was little inclined to psychology. It is, however, what he saw at the Salpêtrière and the memory of it he took back to Vienna which encouraged Freud, three years later, to engage in the researches into hysteria which were to lead him to discover the fundamental laws, until then unknown, about deep human psychological phenomena.

On my first visit to the Salpêtrière, fifty years ago, I had the good fortune to meet the greatest psychopathologist of France, Pierre Janet, whom Freud had not had the opportunity to see at the time of his stay at the Salpêtrière, Janet arriving there only after Freud's departure. Therefore the work of these two learned men developed along the same lines without influencing one another.

Ladies and gentlemen, I thank you for having invited me today to this celebration in honour of these two great men: Charcot and Freud.

The Ernest Jones Lecture 1957 *of the British Psycho-Analytical Society* was delivered by Margaret Mead, Ph.D., D.Sc., on 30 January, 1957, in the Barnes Hall of the Royal Society of Medicine.

Dr. D. W. Winnicott, President of the British Psycho-Analytical Society, was in the Chair and opened the meeting with the following address:

'The British Psycho-Analytical Society welcomes you on the occasion of the eighth Ernest Jones Lecture. I shall not take up more than a few minutes of your time, but first I wish to refer to Ernest Jones himself. We enjoy having him and his family here at these lectures which are arranged as a tribute to his personality and his work.

'Well do I remember my first meeting with him, in 1923, when I went as a rather inhibited young man asking whether anything could be done about it. He alarmed me by giving me an advance list of my symptoms. That Dr. Jones was able to refer me to an analyst was entirely due to the fact that he had himself gone out to Vienna in 1905, and subsequently, had brought Freud's work back, and had established it here in London.

'I forgot to pay my consultation fee, and now at a rather late date I wish to thank him, not only for myself but also on behalf of all of us in this country who have had a chance to make use of psycho-analysis in the search for personal health. Dr. Jones' scientific contributions are widely acclaimed, but the important thing for the patient who needs treatment is the existence of the trained analyst.

'Today the Council of the Society has chosen to ask Dr. Margaret Mead, President of the World Federation for Mental Health, to honour Freud and Jones by giving us something characteristic of herself. This I am sure she will do. On re-reading some of Dr. Mead's books I have enjoyed again her clinical approach, and her freshness of outlook. In introducing this speaker I am not worried about stealing thunder from Miss Freud or Mr. Money-Kyrle, who will propose and second the vote of thanks after the lecture, because there is so much thunder. I personally value most Dr. Mead's contributions to the understanding of the infant-mother relationship. To take one example, out of the dividing of the quality of the mother's attitude and expectations into symmetrical, complementary and reciprocal (Male and Female) come ideas that can be used immediately by the student of early development who favours research through psycho-analysis. In the recent publication "Discussions on Child Development" Dr. Mead tells us that she started her career at the age of three, which puts her two years ahead of Lorenz. But perhaps we all start in infancy, at the time when we are sorting out our mothers according to whether they expect us to be symmetrical, complementary or reciprocal.

'This is all I have time to say in my tribute to this woman who has lived with, rather than watched, the men, women, and children of her chosen areas of enquiry.'

Dr. Margaret Mead then gave her lecture entitled:

Changing Patterns of Parent-child Relations in an Urban World

Following the Lecture which will be published in this journal at a later date, Anna Freud, LL.D., proposed a vote of thanks to Margaret Mead:

'It is my privilege tonight to propose the vote of thanks to Margaret Mead, a task which I find easy since our guest-lecturer has charmed me, as well as the rest of her audience, with the spontaneous, refreshing and stimulating mode of her presentation.

'The object of a vote of thanks is not—as Margaret Mead suggested humorously—to put the lecturer in her place, but rather to allocate the right place in our minds to the facts and theories presented to us by her.

'As analysts who work shut up in their own rooms, laboriously creating an artificial field on which our patients can fight out their mental struggles, we have listened with envy to Margaret Mead who has taken us from the Western civilizations to the Balinese, the Samoans and the Headhunters, showing us that her particular field of work is the world itself, in which she moves with ease.

'When watching her fascinating film of a primitive child-mother couple in the hours and days after birth, we felt that she demonstrated to us the reality which lies behind the phantasies of the early mother-relationship which we have to unearth in our patients.

'We have been given the impression that the development of the personality and the transformation of the individual infant into a social being are problems which we share with Margaret Mead. Where their solution is concerned, it is true that we work on different sides of the same picture. We concern ourselves with the inner battles which the individual has to fight out before he becomes socialized; Margaret Mead considers first and foremost the impact of the community on its members. We meet again in acknowledging the importance which all of us ascribe to the early production of mental attitudes such as fear, distrust, confidence, security, etc.

'All this does not signify that we could not quarrel with Margaret Mead over the all-important assessment of the relative strength and importance of the inner and the environmental forces which are at work. But detailed discussion of such questions can be left safely to be fought out on other less official and less festive occasions.'

Miss Freud was followed by R. E. Money-Kyrle, Ph.D., who seconded the vote of thanks with the following words: 'Before seconding the vote of thanks, there is just one very general point I should like to make about the practical value of that kind of social anthropology of which Dr. Margaret Mead is so brilliant an exponent.

'The relations between the theoretical and the practical differ very much in different sciences. Some students prefer their work to remain " pure " a delight in itself but not a means to any end. Thus I once heard Professor Eddington commiserate with his mathematical colleagues on the fact that their work had been unexpectedly sullied by a practical application. There must be branches of astronomy where this danger hardly yet exists.

'But advances in science usually raise subsidiary questions about how the new knowledge can be used, or perhaps about how it should be used. This is most conspicuously true of sub-atomic physics. And here the grievance of the scientist is, not that his work is applied, but that he is not consulted on how it is to be applied. Nor, in fact, does his special training as a physicist, in itself, qualify him to give a better answer to these practical questions than anybody else.

'Now the point I want to make is that, in the social sciences, the theoretical and the practical questions are much less departmentalized; and for a very special reason. For whether we are concerned as psycho-analysts with an individual, or as anthropologists with a society, new knowledge throws light on where that individual or that society is going, and so automatically helps him, or it, to decide in what direction it seems desirable to go. It is, I think, this close association of theoretical with practical problems which gives these sciences a unique importance.

'As to the relations between psycho-analysis and the social sciences as a whole, I will say no more than to stress again the contributions which Dr. Ernest Jones has made to them. He was my first teacher in psycho-analysis and the first to open my eyes to its wider implications. It is, therefore, especially pleasurable to me as well as appropriate that the Ernest Jones Lecture should be given by a distinguished anthropologist.

'This is not the first time I have heard Dr. Margaret Mead, so I expected her to enliven her subject with her own vitality and brilliance. We have not, you will agree, been disappointed. I have the greatest pleasure in seconding the warmest vote of thanks.'

Société Psychanalytique de Paris

The following have been elected officers for 1957, the year in which the 20th Congress of the International Psycho-Analytical Association will be held in Paris.

Dr. Marc Schlumberger (*Président*), Madame le Dr. Odette Laurent-Lucas-Championnière (*Vice-Président*), Dr. Francis Pasche (*Membre Assesseur*), Dr. Pierre Marty (*Secrétaire*), Dr. Jean Mollet (*Trésorier*).

The Logical Analysis of Psycho-analytic Concepts was the title of a lecture by Dr. Else Frenkel-Brunswik, Lecturer in the Department of Psychology and Research Associate in the Institute of Industrial Relations in the University of California, delivered on 1 May, 1957, at the University of London. Professor C. A. Mace, D.Lit., Professor of Psychology in the University of London, was in the Chair.

Changes of Address

Mr. and Mrs. James Strachey, from 41 Gordon Square, London, W.C.1., to Lord's Wood, Marlow, Bucks.

Rudolph M. Lowenstein, M.D., President-elect (1956–57), American Psychoanalytic Association, from 1148 Fifth Avenue, New York 28, N.Y., to 1100 Madison Avenue, New York 28, N.Y.

Rene A. Spitz, M.D., 45 South Ash Street, Denver, Colorado.

Erwin Stengel, M.D., M.R.C.P., Professor of Psychiatry, 634 Fulwood Road, Sheffield 10, Yorkshire, England.

Sociedadè Brasiliera de Psicanalise (*Brazilian Psycho-analytic Society, Sao Paulo*).

The following were elected officers in March 1957: Dr. Adelheid Koch (*President*), Henrique Julio Schlomann (*Secretary*), Lygia Alcantara Amaral (*Treasurer*).

Foundation's Fund for Research in Psychiatry (251 *Edwards Street, New Haven* 11, *Connecticut*).

It has been announced that there will be available funds for the establishment of two or possibly three research professorships for eminent research psychiatrists in departments of psychiatry in medical schools. The closing date for applications will be 31 October, 1958.

Applications for research in psychiatry, psychology, sociology, neurosphysiology, and other sciences relevant to mental health must be received on 15 October, 1957, latest.

SCIENTIFIC PROGRAMME

of the 20th Congress of the International Psycho-Analytical Association, Paris.

28 July–1 August, 1957

Sunday, 28 *July*

10 a.m. to 5 p.m. Registration for the Congress at Maison de la Chimie, 28 rue Saint-Dominique, Paris, 7e.

Monday, 29 *July*

Morning Session: 9.30 a.m.–12.30 p.m.: Salle des Congrès. *General Session: Chairman*, Sacha Nacht, Paris. Opening Address by the President, Heinz Hartmann, New York.

Ernest Jones, London: 'The Birth and Death of Moses.'

Phyllis Greenacre, New York: 'Toward an Understanding of the Physical Nucleus of Defense Mechanisms.'

Margaret Mahler, New York: 'Autism and Symbiosis: Two Extreme Disturbances of Identity.'

Interval: Melanie Klein, London: 'On the Development of Mental Functioning.'

Afternoon Session: 2.30–5.30 p.m.: Salle des Congrès. *General Session:* Panel Discussion, *Variations in Classical Technique*. Moderator: Ralph R. Greenson, Los Angeles. Main presentation: Rudolph Loewenstein, New York. Participants: Maurice Bouvet, Paris; K. R. Eissler, New York; Annie Reich, New York. Discussion from the floor.

Tuesday, 30 *July*

Morning Session: 9 a.m.–1 p.m.: Salle des Congrès. *General Session:* Panel Discussion, *Contributions of Direct Child Observation to Psycho-Analysis*. Moderator: Willi Hoffer, London. Main presentation: Anna Freud. Participants: E. C. M. Frijling-Schreuder, Amsterdam; Liselotte Frankl, London; D. W. Winnicott, London.

A report will be read on the work done by the Group on Longitudinal Studies (directed by the late Dr. Ernst Kris) at the Yale University Child Study Center, New Haven, Conn.

Discussion from the floor.

Afternoon Session: 3–6 p.m. *Section A:* Salle des Congrès. *Chairman:* Jeanne Lampl-de Groot, Amsterdam.

Edoardo Weiss, Chicago: 'Bisexuality and Ego Structure.'

Pierre Marty, Paris: 'La Relation d'Objet Allergique.'

Angel Garma, Buenos Aires: ‘ Peptic Ulcer and Pseudo-Peptic Ulcer.’

W. Clifford Scott, Montreal: ‘ Noise, Speech and Technique.’

W. D. Grodzicki, Hamburg: ‘ Das Technische Problem beim Agieren in der Analyse.’

There will be a ten-minute discussion following each paper.

Section B (Room No. 101). *Chairman:* Phyllis Greenacre, New York.

P. J. van der Leeuw, Amsterdam: ‘ The Pre-Oedipal Phase of the Male.’

Barbara Lantos, London: ‘ Two Genetic Derivations of Aggression with Reference to Sublimation and Neutralization.’

George Gero, New York: ‘ Sadism, Masochism and Aggression.’

Herbert A. Rosenfeld, London: ‘ Observation on the Psychopathology of Hypochondriasis.’

Ludwig Eidelberg, New York: ‘ On Narcissistic Mortification.’

There will be a ten-minute discussion following each paper.

Section C (Room No. 206). *Chairman:* Raymond de Saussure, Geneva.

Werner Kemper, Rio de Janeiro: ‘ Der Traum in seiner mehrfachen therapeutischen Auswertbarkeit.’

Heinz Kohut, Chicago: ‘ Psychoanalysis and Introspection.’

R. E. Money-Kyrle, London: ‘ The Process of Psycho-Analytical Inference.’

Margaret Little, London: ‘ On Delusional Transference.’

Hans Loewald, New Haven: ‘ Transference and the Therapeutic Action of Psychoanalysis: Metapsychological Considerations.’

There will be a ten-minute discussion following each paper.

Wednesday, 31 *July*

Morning Session: 9 a.m.–1 p.m.: Salle des Congrès. *General Session: Business Meeting. Chairman:* Heinz Hartmann, New York.

Afternoon: Recreation.

Thursday, 1 *August*

Morning Session: 9 a.m.–1 p.m.: Salle des Congrès. *General Session:* Panel Discussion, *Neurotic Ego Distortions.* Moderator: Robert Waelder, Philadelphia. Main presentation: Maxwell Gitelson, Chicago. Participants: W. H. Gillespie, London; Edward Glover, London; Maurits Katan, Cleveland; Sacha Nacht, Paris.

Discussion from the floor.

Afternoon Session: 3–6 p.m. *Section A:* Salle des Congrès. *Chairman:* C. F. Rycroft, London.

Paula Heimann, London: ‘ On Sublimation.’

Maria Langer, Buenos Aires: ‘ Sterility and Envy.’

W. R. Bion, London: ‘ On Arrogance.’

Emilio Servadio, Rome: ‘ Magic and the Castration Complex.’

Lajos Szekely, Stockholm: ‘ Angebliche Praekognition: Eine Deckerinnerung.’

Frederick S. Hacker, Los Angeles: ‘ Some Thoughts on Symbolism.’

There will be a ten-minute discussion following each paper.

Section B (Room No. 101). *Chairman;* K. R. Eissler, New York.

Horst-Eberhard Richter, Berlin: ‘ Beobachtungen an 12 Kindern mit chronischer Obstipation.’

Anita Bell, New York: ‘ Some Thoughts on Post-Partum Respiratory Experiences and Their Relationship to Pregenital Mastery, particularly in Asthmatics.’

Otakar Kucera, Praha: ‘ On Teething.’

Arminda A. de Pichon Riviere, Buenos Aires: ‘ Dentition, Walking and Talking in Relation with Depressive Infantile Position.’

Carl P. Adatto, New Orleans: ‘ Ego Integration Observed in Analysis of Late Adolescents.’

There will be a ten-minute discussion following each paper.

Section C (Room No. 206). *Chairman;* Angel Garma, Buenos Aires.

Hannah M. Segal, London: ‘ Notes on an Analysis of a Senile Psychosis.’

Gustav Bychowski, New York: ‘ The Struggle against the Introjects.’

Henry Harper Hart, Southbury, Conn.: ‘ Maternal Narcissism and the Oedipus Complex.’

Willy Baranger, Montevideo: ‘ Le Moi et la Fonction de l’Ideologie.’

Bela Mittelmann, New York: ‘ Psychodynamics of Motility.’

There will be a ten-minute discussion following each paper.

Listed below are titles of papers which cannot be read to the Congress, but of which we have printed abstracts:

Abram Blau, New York: ‘ Benign Schizophrenia.’ Elisabeth Goode de Garma, Buenos Aires: ‘ The Predisposing Situation to Peptic Ulcer in Children.’ Lili Peller, New York: ‘ Daydreams and Children’s Favourite Books.’ Enrique Pichon-Riviere, Buenos Aires: ‘ Referential Schema and Dialectical Process in Spiral as Basis of a Problem of the Psycho-Analyst.’ Arnaldo Raskovsky, Buenos Aires: ‘ The Organization of Prenatal Psychism.’ Robert Savitt, New York: ‘ On Scientific Inspiration.’ Melitta Schmideberg, New York: ‘ The Analytic Treatment of a Juvenile Fratricide.’ H. A. Thorner, London: ‘ Mourning without Relief.’

N.B. Simultaneous translation will be given in English, French and Spanish. Papers presented in German will be translated into English and French.

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

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THE EROTIC INSTINCTS—A CONTRIBUTION TO THE STUDY OF INSTINCTS

By

MORTIMER OSTOW, M.D., Med.Sc.D., New York

In 1905 Freud, in *Three Essays on the Theory of Sexuality*, gave a definitive statement of the theory of the erotic instincts. In his initial statement, Freud attempted to limit his presentation, and the formulation of theory, to the findings of the psycho-analytic method and to the assumptions justified by these findings. Freud's observations and hypotheses have stood the test of time, and there is no reason at present to continue to avoid an integration of the psycho-analytic theory of the erotic instincts with the data of current ethological research. It is the purpose of this paper to attempt such an integration by restating the theory as a fundamental biological theory, using the data of ethology as well as psycho-analysis, and providing reasonable constructions where data are lacking. The subject of the death instincts will not be treated in this presentation. It need hardly be added that this is an attempt neither to dilute nor to justify psycho-analytic theory, but rather to amplify it.

A. DRIVING FORCES

The definition of the word instinct is itself the subject of controversy. It is especially difficult to find a definition which would apply equally well to humans and to lower animals. In the lower animals there are individual behaviour patterns and groups of behaviour patterns, each of which appears only in the service of a specific purpose. It is thus possible to assign such a behaviour pattern to a single instinct, such as the reproductive instinct, the nutritive instinct, and so forth. (Actually, among some of the higher vertebrates, instinctual techniques begin to lose some of their exquisite specificity. For example, in the herring gull, Tinbergen describes head-tossing and food begging in both courtship and the process of feeding the young.) In man, on the other hand, there are relatively few behaviour patterns which are not used to serve more than one, and often many, purposes. Vocalization and speech, for example, may appear in the infant-mother relation, in childhood play and learning activities, in adult sexual situations, in nutritive, aggressive, and intellectual functions. In human beings, therefore, it is impossible to define an instinct uniquely in terms of any group of behaviour patterns. Freud therefore prefers to deal with objects, aims, and sources recognizable in the operation of the sexual instincts as the significant variables.

'By an "instinct" is provisionally to be understood the psychic representative of an endosomatic source of stimuli which are in continual flux, as contrasted with the "stimulus" which is set up by single excitations coming from without. The concept of instinct is thus one of those lying on the frontier between the mental and the physical. The simplest and likeliest assumption as to the nature of instincts would seem to be that in itself an instinct is without quality, and, so far as mental life is concerned, is only to be regarded as a certain amount of demand made upon the mind for work. What distinguishes the instincts from one another and endows them with specific qualities is their relation to their somatic sources and to their aims. The source of an instinct is a process of excitation occurring in an organ and the immediate aim of the instinct lies in the removal of this organic stimulus' (9, p. 46).

Tinbergen, in *The Study of Instinct*, states: 'I will tentatively define an instinct as an hierarchically organized nervous mechanism which is susceptible to certain priming, releasing and directing impulses of internal as well as external origin, and which responds to these impulses by coordinated movements that contribute to the maintenance of the individual and the species.'

Both Freud and Tinbergen note that instinctual behaviour has an internal source and is not necessarily dependent upon an external stimulus for its evocation. I doubt whether Tinbergen had anything in mind beyond the fact that nutritive and reproductive needs appear within the central nervous system as a result of changes within the central nervous system itself, or as a result of maturational, hormonal, or metabolic changes. The appearance of these needs is rhythmic and intermittent in accordance with the intrinsic physiological needs and rhythmic functions of the organism. Freud, however, notes that the stimuli which arise from an ' endosomatic source ' are in ' continual flux '. In other words, in human beings there is a constant pressure of instinctual activity; whatever fluctuations occur are fluctuations in source, aim, or object, but not in intensity. This is a fundamental difference between the *modus operandi* of human and of subhuman instincts. It is analogous to the constant genital sexual activity of the mature human, as opposed to the seasonal reproductive activity of the subhuman animal. How is this constant pressure for instinctual activity in the human sustained? Freud suggested two considerations. The first was that sexual tension, by which I believe he meant the subjective experience of being under the influence of the sexual drive, might be a direct function of the accumulation of semen in the seminal vesicles. While this suggestion has certain attractive features, he recognized that it clearly fails to cover all the facts and could certainly not be considered a complete explanation. His second explanation was that the hormonal products of the sexual endocrine glands ' are taken into the bloodstream and cause particular parts of the central nervous system to be charged with sexual tension.' Here sexual tension must refer to changes occurring within the central nervous system whether or not they are subjectively appreciated. The psychic energy made available by the action of the sexual hormones upon the central nervous system is given the name libido. ' In thus distinguishing between libidinal and other forms of psychic energy, we are giving expression to the presumption that the sexual processes occurring in the organism are distinguished from the nutritive processes by a special chemistry.'

Following the first publication of *Three Essays on the Theory of Sexuality* in 1905, many observations and experimental data on the activation of the sexual instincts have become available. The study of the striking effects of the hormones, especially those derived from the sexual endocrine glands, which was so promising at the turn of the century, has continued with great enthusiasm, stimulated, at least in some quarters, by the hope that it might be possible to explain the normal and pathological patterns of sexual behaviour on any but a psychic basis. The material is quite interesting to the psycho-analyst, and it is available in well-organized form in Frank Beach's book *Hormones and Behavior*. Reviewing the material at this point would contribute little to the exposition of the central theme of this presentation. Suffice it to say that among humans after the age of puberty, there is no reason to attribute fluctuations in the intensity or variations in the direction of the sexual drive to alterations in the hormonal content of the blood. In general, says Beach, it is the stereotyped, fixed, primitive components of instinctive behaviour (consummatory techniques, *cf.* below) which we ordinarily think of as inherited, that are most directly associated with endocrine products, while those forms of behaviour which depend upon individual experience are more remotely related. The tacit psycho-analytic assumption that, in the post-pubertal human, the psychic derivatives of the sexual instinctual drives fluctuate primarily in response to psychic forces, has not been shown to require revision.[1, 2]

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[1] It might be objected that the work of Benedek and Rubenstein demonstrates a dependence of human female psychic function upon hormonal fluctuations. First, final evaluation of the validity of the work waits upon its repetition by others. One source of doubt is the unconvincing nature of the interpretations which are cited in the protocols. Another is the fact that while the analysts were ignorant of the presumptive hormone levels (calculated from vaginal smears), they were, of course, aware of the sequence of the sessions, both during the course of the analysis and in retrospective evaluation. If the same frequency of correct predictions had been obtained on the basis of judgement of the contents of individual sessions, their sequential position being unknown to the predictor, the results would be much more cogent. Nevertheless, the fact that the method has limitations does not necessarily invalidate the conclusions, though it deprives them of crucial significance. Secondly, even assuming validity, it is not Benedek's contention that hormonal concentration exclusively determines psychic content, but that it colours psychic content. In other words, she believes that although endocrine function and psychic function are not connected in a one-to-one relation, some relation can be discerned. She does not deny the separation between the two variables but asserts that the separation is not complete. ' It would be an error, however, to conclude that hormone change or even the change of sexual energy is responsible for all psychic tensions; that basic capacity for love, for motherliness, for activity and constructiveness, or the lack of these qualities, depends wholly upon the hormone regulation. In addition to the fact that the production and effect of sex hormones are influenced by all metabolic processes, there is evidence to prove that these basic attributes of the individual are present before sexual function matures and they do not cease to exist after the decline of hormone regulation. Thus, the processes which we describe in their emotional and physiologic aspects are superficial—like faint ripples on a huge body of water as compared with the constitutional basis of personality.'

[2] There are two purely physiological differences between human female uterine function and that of lower mammals. First, genital bleeding in the human signifies a period of *infertility*, but accompanies *fertility* in the lower mammals. Second, lower mammals do not show a menopausal cessation of reproductive

It has not been possible to ascribe to the endocrines the crucial role of the regulation of instinctual activity, nor is it possible to ascribe to the influence of hormones on muscles and glands their entire effect. A number of observations of spontaneous behaviour that could be ascribed to the effects neither of hormones nor of visceral stimuli of any kind has led to the assumption that the central nervous system itself produces impulses that can function as specific activators of instinctual behaviour. Stimulation of the central nervous system, especially within the hypothalamus and temporal lobes, has been able to evoke clearly recognizable fragments of fairly complex instinctive patterns (MacLean and Delgado, 1953). The conclusion that the central nervous system contains the basic patterns of, and the ability to initiate and regulate, instinctual behaviour is implied in Tinbergen's definition of an instinct, that it is ' an hierarchically organized nervous mechanism.' Both Beach and Tinbergen infer from the data available that hormones act directly upon central nervous mechanisms. ' It is usually postulated that complex behavioural reactions which occur without opportunity for learning, which are executed in the same manner by all members of the species, and which can be shown to be hereditary, are mediated by nervous mechanisms whose structural and functional organization is controlled more by genetic factors than by individual experience. It is certain that the structural and functional characteristics of the various endocrine glands are also genetically controlled. The final result is a set of inherited relationships between the behavioural mechanisms and the glandular products. If such is indeed the case it is not surprising that inherited behavioural mechanisms should be more directly and intimately associated with endocrine products than are other forms of response which arise only as the result of individual experience' (Beach, 1948). The idea advanced by Freud half a century ago, that hormones act upon the central nervous system, is finding increasing acceptance.

B. PSYCHE AND BRAIN

In essence, both the constant instinctual pressure and the short term, moment to moment, and day to day fluctuations in the pattern of spontaneous behaviour (assuming that all behaviour is essentially instinctually activated) are ascribable to forces playing within the central nervous system. It is a basic assumption of psycho-analysis that in man, both overt behaviour and a significant proportion of the central nervous system processes which determine behaviour give rise to certain representations in the psychic life. The psyche is thus assumed to be a large panel on which these implicit and explicit processes are registered. It was the assumption of pre-analytic psychology that conscious intellectual processes taking place within the psyche determine, or could determine, behaviour completely. Familiarity with the data of psychopathology and, in fact, of almost all behaviour when scrutinized by the light of ps cho-analysis, made this position untenable. With the extension of the psyche to include not only conscious life and intellectual processes but the unconscious as well, the latter characterized by the primary type of process, it became possible to find in the psyche not only the representations of overt behaviour and antecedent psychic events but also the stage upon which the significant forces interact. We assume, in other words, that psychic function includes all conceptual processes which determine behaviour, though we may exclude by definition neuronal processes primary to, but below the level of the concept. In other words, we do not assume that that aspect of behaviour processes which is presented for psychic scrutiny comprehends the totality of those processes, but we do believe, on the basis of the collective experience of psycho-analytic therapy, that the central nervous system processes are controlled, probably completely, by the forces to which their psychic aspects are exposed. To the psycho-analyst, then, the psyche is a region in which the behavioural processes of the central nervous system are reflected, determined, and controlled,

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function as do humans (Burns, 1953). These two differences suggest that human female cyclicity is fundamentally different from that of lower mammals. The nature of the difference, it seems to me, is suggested by the following passage from Burns: 'To insure pregnancy there are many variations of the sexual heat period among the mammalian species. If pregnancy does not result, the female may after her heat have a few days of inactivity during which her reproductive organs resume their normal condition; then she will come into heat again. With some mammals this period may be repeated recurrently, a fourth, a sixth and even a tenth time, until the close of the breeding season, or it may go on for years as it does in the human female.' I am tempted to infer that the entire period of human fertility, from puberty to menopause, is homologous to a single breeding season in the lower mammals. The human menstrual cycle corresponds not to the seasonal cycle of the lower mammals, but to the resurgence of *heat during a single breeding season.* The human menopause would then be homologous to the termination of the breeding season of the lower mammal. If this hypothesis is correct, it means that a physiologic epoch which in the lower mammal occupies a fraction of a year, in the human is protracted to three or four decades, the major portion of the adult period. Such protraction in the human of a considerably briefer epoch in the lower mammal is the operating principle in the phenomenon of 'retardation' of ontogenetic development and fetalization described by Bolk. René Spitz finds this suggestion consistent with Freud's supposition that the dichronic course of sexual development in the human was a phylogenetic response to the suppression of fluctuation in temperature and duration of periods of light caused by glaciation. He calls attention to the profound alterations of menstrual rhythm attendant upon abrupt passage from one climatic zone to another.

although it does not contain the total reality of these processes. Freud stated in *An Outline of Psycho-Analysis* that ' the instincts . . . originate in the somatic organization and . . . find their first mental expression in the id in forms unknown to us.' In a second chapter he added, ' they represent the somatic demands upon mental life.'

It is difficult to find a satisfactory analogy. At the present time there is a growing tendency to regulate the many separate components in large complex industrial manufacturing processes by means of electronic computing devices. Each significant variable at every point in the manufacturing process, such as the amount of each raw material, temperatures and pressures in storage and reaction chambers, concentrations of reagents, the availability of power, and so on, is measured and coded electrically and the data are then transmitted to this computing device. In the computing device the constellation of data is handled in a set fashion and the changes in the variables required for most efficient operation are computed. These alterations, in coded form, are then returned to the individual components of the manufacturing apparatus and there the proper adjustments are made. Now we may compare the actual components of the manufacturing apparatus to the anatomic substrate, the actual neural apparatus determining behaviour. The psychic apparatus is analogous to the computing apparatus mentioned above. In the psychic apparatus, as in the computing apparatus, all the data available are handled in a predetermined manner so as to yield the information necessary to perform the appropriate regulation required for most efficient achievement of the goals built into the computing apparatus. These regulatory data are then conveyed back to the neural processes as to the manufacturing apparatus, so that the proper organic changes take place in the central nervous system which will result in the execution of the appropriate behavioural operations. There is essential physical reality to the neural processes as there is essential reality to the manufacturing processes. The psychic representations of the neural processes and the electrical reports of the operations of the manufacturing processes both constitute sets of data, the physical reality of which require only trivial expenditure of material and energy. However, it is these psychic and electrical representations respectively which determine the vicissitudes of the physical processes which they represent, even though they are not those physical processes themselves.

C. TIMING AND ACTIVATING FORCES

Let us return to the subject of the origin and energizing of instinctual behaviour and the activation of individual patterns. In the lower animals, this situation seems fairly simple, at least as we know it at present Some patterns of instinctual behaviour are evoked, so to speak, *ad rem*, that is, in response to a specific environmental situation. For example, patterns of escape appear as soon as the animal becomes aware of the presence of a predator. Feeding behaviour appears rhythmically either in response to internal sensory data or in response to spontaneous rhythmic changes in the central nervous system. In most animals the readiness to respond to the usual signals of the opportunity for feeding or copulation, increases with the time which has elapsed since the last feeding or copulation, respectively, within certain limits. It is this fact that makes Tinbergen say ' such an end-response consumes the specific impulses responsible for its activation.' Sexual behaviour (including nest building, migration, fighting) is determined by the procession of the seasons, with the assistance of hormonal regulation, and specific acts are ' released ' by perceptible aspects of potential objects.

What about the maintenance and selection of instinctual behaviour in human beings? Freud said that the source of an instinct ' is a process of excitation occurring in an organ '. At another point he added that ' sexual excitation arises (*a*) as a reproduction of satisfaction experienced in connexion with other organic processes, (*b*) through appropriate peripheral stimulation of erotogenic zones, (*c*) as an expression of certain " instincts " (such as the scopophilic instinct and the instinct of cruelty) of which the origin is not yet completely intelligible.' In this sense he listed among the sources of infantile sexuality mechanical excitations, muscular activity, affective processes, intellectual work. ' It seems that the fullest provisions are made for setting in motion the process of sexual excitation —a process the nature of which has, it must be confessed, become highly obscure to us. The setting in motion of this process is first and foremost provided for in a more or less direct fashion by the excitations of the sensory surfaces—the skin and the sense organs—and, most directly of all, by the operation of stimuli on certain areas known as erotogenic zones. The decisive element in these sources of sexual excitation is no doubt the quality of the stimuli, though the factor of intensity, in the case of pain, is not a matter of complete indifference. But apart from these sources there are present in the organism contrivances which bring it about that in the case of a great number of internal processes sexual excitation arises as a concomitant effect, as soon as the intensity of these processes passes beyond certain quantitative limits. . . . It may well be that nothing of considerable importance can occur in the organism without contributing some component to the excitation of the sexual instinct.'

1. Three Modes of Instinctual Activity

There is a significant difference in pattern between animal and human instinctual behaviour. The daily activity of the mature human consists of three separate types of behaviour. First, there is the consistent background of daily work which is the individual's contribution to sustenance of himself, his family, and society. Second, there is the pursuit of libidinal relations with love objects. Third, there are those acts performed in response to whatever fortuitous urgent demands the environment visits upon the individual. The third category, the emergency response, shows least difference between man and animal. It is least susceptible to neurotic distortion and may be preserved when neurosis or psychosis has seriously impaired the first two. Just how the emergency reaction is evoked, and how it manages to supersede other behaviour, requires investigation, but I shall pursue it no further here. Now, with respect to the first two categories of behaviour, the human shows two chief differences from animals. The first difference is that in animals, the acquisition and defence of territory, and nest building and family maintenance, the animal activities which most closely resemble the daily work of human beings, are clearly components of the reproductive drive and therefore tend to be performed each in its proper place in the reproductive sequence. (Although one might be tempted to homologize the human activity of earning daily bread with the daily predatory and foraging activity of animals, I believe there is a fundamental difference. Modern breadwinning, in the large majority of the population, employs none of the patterns of food finding activity used by animals, and in fact, by primitive men.) Family sustenance in man is not restricted to a specific point in a reproductive sequence, but is driven at a constant rate, ideally unaffected by fluctuations in intensity and pattern of directly erotic activities. Now this sequential rigidity is a relative one, being more pronounced among the lower vertebrates, less pronounced among the higher vertebrates, and least pronounced, though not completely absent, among human beings. The second difference between animal and human instinctual behaviour is that in the case of the former, the preparatory and consummatory reproductive activities are typically initiated and executed cyclically in response to seasonal changes. This rhythm applies not only to directly genital activities but to family sustenance as well. In man, on the other hand, neither breadwinning nor erotic activities are cyclical. Again this difference is relative rather than absolute. Seasonal timing is more pronounced among females than males, and more among lower than higher vertebrates. Even in man, a residuum of instinctual sensitivity to weather and season is indicated by mood fluctuations in response to climatic and vegetational change, the annual spring tide of suicide, and by the universal affective response to natural and celestial phenomena exemplified in widespread worship of these and incorporation of them in psychotic delusions. These two characteristics of human instinctual behaviour, namely, the relative dissociation of preparatory unconsummated (aim-inhibited) activity or work from erotic activity, and the release of both from seasonal timing, I shall try to elucidate by considering the dynamic forces and the contents of human instincts.

Let me introduce two concepts, the concept of displacement activity as used by the ethologists and the concept of mammalianization introduced by Leonard Sillman.

2. Animal Behaviour and Human Behaviour

Before going further, I should like to make a few remarks about the application of data of animal behaviour to human behaviour. Some limitations are at once apparent. Data from animals can deal only with objectively observed behaviour, while humans yield both observational data and subjective reports. Direct comparison can be made only between the two sets of observational data, and not directly between animal behaviour and human psychic function. Second, one must not be misled by similarities to confuse convergences with true homologies. For example, a whale looks like a fish because many water-dwelling creatures tend to converge in appearance; however, closer examination of structure and function reveals that it is more closely homologous to mammals. In the field of behaviour, one may compare the speech of a man with the speech of a parrot. Yet the speech of a parrot is merely an example of a bird-call, the form of which is determined by mimicry, and, while a bird-call is a means of communication, it lacks the essential elements of consciousness of purpose and voluntary determination of content which characterize speech. On the other hand, the cry of a lonely baby and the whining of the young mammal are probably more closely homologous, since they are similar in having no specific content, are automatically evoked in situations of helpless separation from the protecting parent, and result in the return of the parent to the offspring.

It is also true that a genuine homology may be obscured by a superficial dissimilarity. For example, Lorenz and Tinbergen note that gestures of appeasement or surrender in intraspecies combat may, among birds, consist of presenting the base of the skull or the top of the head to the victor, while among wolves the neck is offered to the victor's jaws. The instinctual acts themselves are different, but study of the circumstances under which the act occurs, as well as the consequences of the act, reveals the homology.

We must not infer that a mechanism which obtains in some species exists in all others. For example, this surrender mechanism does not exist in many species whose physical characteristics, for example, fleeing ability, or solitary living conditions, make it unlikely that combatants will kill each other.

We must not be misled by exceptions to generalizations. It is quite possible that a mechanism which is fairly universal may be discarded by a few species as an evolutionary experiment.

We must not underestimate the distorting and obscuring effects of captivity and domestication. The interpretation of specific reactions may require the invoking of two or more principles simultaneously. Subvertebrate behaviour is considerably less relevant to the human being than vertebrate behaviour.

In general, the use of animal behaviour data in the study of human psychology encounters many pitfalls. At most, the observation of a given mechanism in an animal species suggests that it might be found in man as well if one can determine how to recognize it. The more universally a mechanism occurs, the more likely it is to be found among human beings. The more consistent a mechanism becomes as one ascends the evolutionary scale, the more likely it is that it will obtain in man. At most, animal observations may suggest to us what mechanisms might exist in man; they offer us plausible hypotheses; they do not themselves, without confirmatory observations on human beings, establish any truths of human psychology. Let me illustrate by returning to the instance of the surrender or appeasement gesture mentioned above. Since such a mechanism exists in a number of species, we may legitimately wonder whether it exists in man too. Lorenz suggests that bowing, removing the hat, and presenting arms are examples of human appeasement gestures. It is true that surrender rituals may differ in various cultures, but many show the characteristic of making the vanquished even more vulnerable to the victor. The great prevalence of this principle among human societies strongly supports Lorenz's thesis, even though we must then explain how an instinctual act, which among lower animals is stereotyped, may, among humans, assume any of a number of different forms. We think, in this connexion, of the affect of pity, which serves the function of inhibiting aggression, and we may speculate that this affect is the psychic component of the appeasement mechanism in the victor.

3. Displacement Activity

To present the concept of displacement activity I shall quote a series of passages from Tinbergen. ' It has struck many observers that animals may, under certain circumstances, perform movements which do not belong to the motor pattern of the instinct that is motivated at the moment of observation. For instance, fighting domestic cocks may suddenly pick at the ground, as if they were feeding. Fighting European starlings may vigorously preen their feathers. Courting birds of paradise wipe their bills now and then. Herring gulls, while engaged in deadly combat, may all at once pluck nesting material, etc. In all the observed instances the animal gives the impression of being very strongly motivated. . . . An examination of the conditions under which displacement activities usually occur led to the conclusion that, in all known cases, there is a surplus of motivation, the discharge of which through the normal paths is in some way prevented. The most usual situations are (i) conflict of two strongly activated antagonistic drives; (ii) strong motivation of a drive, usually the sexual drive, together with lack of external stimuli required for the release of the consummatory acts belonging to that drive. . . . A comparative review of displacement activities reveals that they are always innate patterns, known to us from the study of other instincts. Recognition is often difficult because the displacement activity is usually incomplete. This turns upon the intensity of motivation, for with very strong motivation the displacement act may be complete. . . . The remarkable stereotypy of displacement reactions, the fact that they resemble innate motor patterns of other instincts and the fact that they are typical for the species and do not differ from one member to another, suggests that the motivation of an instinct when prevented from discharging through its own motor pattern finds an outlet by discharge through the centre of another instinct. . . . The incompleteness of displacement activities shows that the sideways discharge meets with considerable resistance.' Tinbergen adds that such displacement activities are ritualized and then come to serve the function of signalling. We shall not permit ourselves to be deflected from the main thread of our argument by considering the many parallels between these data and those of human behaviour as seen by the psycho-analyst. We shall note that ' displacement reactions may . . . embark upon an evolutionary development of their own.' We shall also suggest that if one extrapolates signalling activities of the lower animals to speech in the human, then we are at once confronted with the idea that speech may be a displacement activity evoked by the necessity of inhibiting or limiting motor activity, an important tenet of the theory of psycho-analytic treatment. Aside from noting that displacement activities tend to become ritualized and serve a communication function, neither Tinbergen nor Lorenz mentions any consistent function of displacement activities.

4. Mammalianization

We may now proceed to the second of the two concepts mentioned above. In his paper ' The Genesis of Man ', Sillman stated that mammalianization, that is, the evolutionary development of the mammal, involved the erotization of the skin surfaces. I shall discuss one implication of this remark. To me it means that the feeding instinct of the infant, the nursing instinct of the mother, and the genital instincts of adults are all elements of an erotic instinct which is continuously active from birth through reproductive involution. As applied to man, of course, this statement reduces to the assertion of infantile sexuality as it first appeared in the *Three Essays*. However, Sillman's remark draws attention to the fact that the condition is characteristic of the entire mammalian group. His statement seems to indicate that he believes that the new form of infant nutrition devised by mammals is a derivative of their adult sexual instinct. It is also possible that the sexual instinct is new in form, being derived from the feeding instinct. A third possibility is that both infant and adult sexuality are developed together as elements of a fresh instinct or a fresh form of instinctual organization which has the function of subserving all behaviour in which the participation of a second individual is required. I don't know how to decide among these possibilities. (Not only is the device for infant feeding new; there are elements of mammalian genital performance which are unique. Kinsey says that the performance of pelvic movements during coitus is characteristic only of mammals. We may suppose that skin grooming, an instinctual activity performed by parents for infants and performed also as part of adult sexual foreplay in mammals, including man, is a component of this generalized erotic instinct. Since it is a cleaning and arranging procedure, it probably comprises one aspect at least of those activities subsumed in psycho-analytic theory under the category of anal behaviour.) In any case, the essence of mammalianization consists of reorganizing instinctual behaviour so that all the activities mentioned above represent individual aspects respectively of a single generalized erotic instinct rather than constituting a number of separate independent instincts. Lorenz (1954), for example, traces the fidelity of the male wolf to the pack leader and his affection for members of the pack, as well as the subordination of the adult female to the male, back to the affection and loyalty of the immature wolf to its parent. Moreover, he derives the fidelity of the wolf dog to its master both from its filial attitude toward its parent and its social ties to its pack associates and pack leader. He is clearly describing the same phenomenon which we, in analytic terminology, consider to be transference of infantile erotic relations to adult love objects. What physiological changes are necessary to effect mammalianization are not easy to imagine. However, the fact that in displacement activities among submammalian vertebrates, fragments of behaviour from one instinct may appear during the execution of behaviour under the influence of another, suggests that relatively little reshuffling is needed to comprehend all instinctual behaviour in which another individual of the same species participates, under a single, generalized, erotic instinct. For example, in the herring gull, food begging and head tossing, primarily a fragment of the feeding instinct of the young, appears in adult courtship and coital behaviour. Tinbergen speculates that it is possible that ' being fed satisfies the same drive as copulation '. Analysts would describe this phenomenon as the use of pregenital modalities in coital foreplay. (I am not considering predatory and escape instincts.)

5. Displacement Activity and Psychic Function [3]

a. Instinctual Maturation and Primal Repression

I should like to propose that in man, a further reorganization of the instincts took place with the aid of the displacement principle, namely, each subsequent pattern of instinctual behaviour in human development is facilitated by inhibition of its immediate predecessor; in other words, each subsequent pattern is a displacement activity with respect to its predecessor. Let us suppose that gratification of the erotic instinct proceeds by the series of patterns A, B, C, D, etc. This series is chronological in the sense that the earliest mode of gratification is A. At a given point in development, either the spontaneous appearance of libidinal desire or the external availability of the object will result in interaction of subject and object by method B rather than A. It is the substance of my proposal that the shift in pattern A to B is occasioned by the process of instinctual displacement described above. That is, with respect to A, B may be considered a displacement activity. At a subsequent point in development, erotic gratification will be effected by neither A nor B but by modality C. In other words, a second displacement has occurred. In general, the process of development in the human implies that the mode of erotic gratification shifts from time to time to the next in the series—each shift being an instance of instinctual displacement, in the sense that the succeeding pattern is activated by inhibition of its predecessor.

Such a theory implies that there must be some carry-over in tendency from displaced to displacing activity. Tinbergen notes this carry-over in intent in his studies on the herring gull. For example, in territorial fighting, threat gestures may suddenly be replaced by vigorous grass pulling. The grass pulling is basically an act belonging to the instinct of nest building, but the violence with which it is performed betrays its belligerent tendency. ' The conclusion therefore is that the thwarted fighting urge, or the combination of thwarted fighting urge and thwarted flight, find an outlet partly through displacement nest building and partly through true fighting activities, the latter being superimposed on the displacement activities, and directed not at the potentially dangerous opponent but at the harmless nest material'—in other words, in the instinctual shift, tendency is retained though technique and object are replaced.

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[3] The word displacement in this presentation will have only the ethological significance given above, and not its metapsychological significance except where the latter is clearly indicated.

To make the step from instinctual drive, which we have to this point considered phenomenologically, to the content of human behaviour, we have to spell out the relation between the two. In my opinion, this can be done in the following way. The activation of an instinctual drive means that within the psyche a corresponding wish or group of wishes is activated. This primitive wish I consider the basic unit of psychic motivation in the sense that all psychic motivation is derived from such wishes taken either singly or in a group. When the individual permits himself to imagine that the wish is approaching gratification, he is indulging a fantasy. Such fantasies use personal or vicarious experience as raw material, and in their more developed form include defensive as well as expressive elements.

We may now illustrate our thesis by referring to the well-known series of sexual aims in psychic development. The series consists, of course, of the following elements: oral, anal, and phallic, followed during the period of latency by inhibition of aims and then, in puberty, by genital aims. Now it is my suggestion that the interest in anal aims replaces the interest in oral aims essentially because oral aims are inhibited. I should add that when I say that oral aims are replaced I mean only that they are replaced as a mode of libidinal gratification—as a mode of relating to an object—while the mouth continues its nutritive and expressive functions. Could the shift from oral to anal aims not be attributed merely to maturation of the central nervous system by means of which voluntary control of the anal apparatus is achieved? Certainly this maturation of the central nervous system is required before such a shift can occur, but I doubt whether the mere availability of new patterns is sufficient to cause them to supersede older patterns. I believe that the thwarting of the older pattern is required for the newer one to be activated. It might also be objected that this chronological and causal sequence cannot be controlling, since it is a matter of common knowledge that the phases of development overlap extensively without clear demarcation. I do not consider this point a serious objection. It is merely necessary to make it clear that the statement ' Pattern A must be inhibited before pattern B can be activated ', is a dynamic rather than a chronologic relation. More rigorously, it should read, ' Pattern B is activated only to the extent that pattern A is inhibited '. Thus if interest in oral aims is only partly or intermittently inhibited, then interest in anal aims is *pari passu* partly or intermittently activated. What is true of the transition from oral to anal aims is equally true of the transition from anal to phallic, and from phallic to genital.

Now what is the meaning of the inhibition which I have been invoking? In terms of objective description of behaviour, it means merely that a force obstructs a tendency which is set in motion. In terms of psychic function, it means that the wish which is the psychic representative of the instinctual pattern cannot be permitted gratification, in fact, that the wish cannot even rise to consciousness, which it ordinarily must do before any attempt at gratification can be made. Accordingly, the only tendencies which, in the normal adult, may become active, and the only wishes which may become conscious, are those based upon the final elements in the developmental series, namely, the genital.[4]

What evidence can be marshalled to support this thesis? First, let us consider whether the theory corresponds to the available facts. Since the theory is concerned with development by means of serial maturation, it is significant only to the extent that maturational series feature significantly in development. The crucial function of the series of sexual aims is now incontrovertible and any reassertion would be gratuitous. However, it should also be noted that there is a developmental series of sexual objects, and in a sense, of sexual roles (passive, reflexive, active) both of which will be discussed in greater detail below. It is clear that any theory of maturation must deal with series.

The theory also requires inhibitory forces. Displacement activities appear in lower animals when the ' discharge . . . of motivation is . . . prevented ', whether by the opposition of an inhibitory drive or by the absence of suitable opportunity for gratification. Now if the phenomenon of displacement activity plays a significant role in human instinctual maturation, its evocation cannot be left to some chance external frustration. Provision must be made, as an organically determined function of the central nervous system, for the interposition of an obstructive force to effect the replacement of the earlier by the later elements in the series. Such obstructive or inhibitory forces have been described in lower animals. For example, the victorious one of a pair of fighting animals of the same species cannot proceed to a kill once the loser gives the surrender signal, in a species in which such a mechanism exists. Adults are unable to act aggressively to the young of their species. Lorenz describes the inhibition of food ingestion in a male fish while carrying its young in its mouth. He also describes relative inhibition of hunting among some predatory animals in their own territories. Note that these examples of inhibition are directed against aggressive tendencies. I am not aware of any instance in lower animals in which maturation proceeds by inhibition of immature forms of behaviour.[5] On the other hand, when we turn our attention to human behaviour, we regularly find forces which inhibit immature forms of instinctual gratification in the sense of excluding them from consciousness and preventing their execution. In the *Three Essays*, Freud says ' the order in which the various instinctual impulses come into activity seems to be phylogenetically determined; so too, does the length of time during which they are able to manifest themselves before they succumb to the effects of some freshly emerging instinctual impulse or to some typical repression.' Here Freud seems to consider the possibilities that the immature pattern is inhibited either by the appearance of the more mature pattern, or by a specific inhibitory force, repression. The hypothesis I am here defending simply relates these two possibilities in the following way: each immature instinctual impulse must succumb to inhibition, i.e. repression, before the more mature impulse can be activated. At another point, Freud says, ' Our study of the perversions has shown us that the sexual instinct has to struggle against certain mental forces which act as resistances, and of which shame and disgust are the most prominent. It is permissible to suppose that these forces play a part in restraining that instinct within limits that are regarded as normal.' Here Freud identifies the negative affects, shame and disgust, as the restraining mental forces that act as resistances to the immature expressions of the sexual instinct. Again, ' It is during this period of total or only partial latency that are built up the mental forces which are later to impede the course of the sexual instinct and, like dams, restrict its flow—disgust, feeling of shame and the claims of æsthetic and moral ideals . . . in reality this development is organically determined and fixed by heredity.' In this passage Freud indicated that the inhibitory forces do not become active until the period of latency, while my hypothesis, and indeed Freud's first statement quoted in this paragraph, require that even the very first developmental shifts, long before latency, are accompanied by, or occasioned by, inhibition.

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[4] In his discussion of this paper, René Spitz offered the concept of a maturational gradient, sexual aims becoming successively available and unavailable. The particular outlet which the sexual drive selects at any moment is determined by the gradient of availability of sexual aims. This suggestion casts my hypothesis into the form of a field theory rather than a dynamic theory, with no loss in elegance and, for some purposes, possibly some gain. One must then make statements about the conditions responsible for the gradients. To my mind, not only external frustrations and opportunities, but also internal, autochthonous inhibitory forces, loaded by experience, must be taken into account.

This maturational inhibition is called, by Freud, primal repression (*Repression*, 1915): ' Now we have reason for assuming a primal repression, a first phase of repression, which consists in a denial of entry in consciousness to the mental (ideational) presentation of the instinct. This is accompanied by a fixation: the ideational presentation in question persists unaltered from then onwards and the instinct remains attached to it. The second phase of repression, repression proper, concerns mental derivatives of the repressed instinct-presentation, or such trains of thought as, originating elsewhere, have come into associative connection with it. On account of this association, these ideas experience the same fate as that which underwent primal repression. Repression proper, therefore, is actually an after expulsion.' This statement of Freud not only asserts the existence of maturational inhibitory forces, but declares, as my hypothesis requires, that the inhibition is merely an inactivation, a blocking of the impulse, but not obliteration of it. This latter point is more clearly expressed in *Inhibition, Symptom and Anxiety*: ' An important element in the theory of repression is the view that repression is not an event that occurs once, but that it requires a permanent expenditure of energy. If this expenditure of energy were to cease, the repressed impulse, which is being fed all the time from its sources of energy, would seize the next occasion to flow along the channels from which it has been forced aside, and the repression would either fail in its purpose or would have to be repeated an indefinite number of times.' The reversibility of the inhibition is emphasized in the *New Introductory Lectures*: ' Our attitude to the phases of libidinal organization has in general altered somewhat. We used formerly to emphasize the ways in which one phase gives way to the next; nowadays we direct our attention more to the facts which indicate how much of each earlier phase persists side by side with, and behind, later organizations and obtains permanent representation in the economy of the libido and in the character of the individual. Even more important are those investigations which have shown us how frequently under pathological conditions regression to earlier phases takes place, and that certain regressions are characteristic of certain forms of illness.'

That the term repression applies both to the inactivation of the instinctual impulse and to the exclusion of its psychic representation from consciousness, is given in the following passage from *Inhibition, Symptom and Anxiety*: ' Just as the ego controls the path to action in regard to the outer world, so it controls access to consciousness. In repression it displays its power in both directions, acting in the one manner upon the instinctual impulse itself and in the other upon the psychic representative of that impulse.'

The theory of the maturational importance of displacement activity requires that the lifting of the inhibition should be followed by the reappearance of the more immature patterns of instinctual gratification. The readiness of these immature forms to reappear in neurosis indeed justifies the description of neurosis as the result of partial escape from repression. The only pertinent experimental evidence I can find is the now classical series of experiments of Klüver and Bucy. Upon resecting both temporal lobes of monkeys, Klüver and Bucy observed a pronounced increase in the intensity and variety of sexual activity which seems to warrant the term ' uninhibited ', and if observed in man, would probably deserve the term ' unrepressed '. In fact, it was essentially this phenomenon, since confirmed by others, that led me (1954, 1955) to propose that the temporal lobes are the site of elaboration of negative, that is, unpleasant and inhibiting, affect, which in turn activates repression in particular and defence in general.

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[5] For this reason, Sillman prefers to consider the displacement phenomenon a means of controlling aggression. Maturational inhibition, i.e. repression, he relates to the phylogenetic appearance of counter-instincts (*v. infra*).

While this correspondence between the hypothesis and the data of animal and human behaviour is a necessary condition for the validation of the hypothesis, it is far from sufficient. Let us consider the obvious alternative hypothesis. Could the process of behaviour maturation in man be ascribed to merely organic central nervous system maturation? As I noted above, organic maturation makes available newer patterns of behaviour, but it is one thing for a pattern to exist and another for it to be activated. My hypothesis deals with the successive activation of more mature forms of behaviour, and it requires organic maturation. Given an organic maturational sequence, the programme of activation of the several patterns may vary. For example, the activation of one may have no relation to the fate of its predecessor—the situation which I believe obtains in lower mammals. On the other hand, the activation of each successive pattern, after it is laid down, may be delayed until the preceding pattern is inhibited—the situation which I believe obtains in human beings. The neural equipment for a behaviour pattern may antedate the exhibition of the pattern. For example, Beach quotes a number of experiments which demonstrate that patterns of reproductive behaviour may be evoked by hormone administration considerably sooner than they would appear spontaneously. Again, female mating behaviour may be evoked in male animals by suitable external stimuli or by hormonal manipulation and, *mutatis mutandis*, male mating behaviour in females. We may infer that the neural patterns for both forms of behaviour exist in each animal, but that predominantly one set is activated under ordinary circumstances. Let us compare coital behaviour of lower animals with that of human beings. In the former case, oral and anal activities appear freely in introductory manœuvres and in foreplay, but to our knowledge, seldom impede or modify coitus itself. In the human adult, on the other hand, while oral-oral contact is usual, and oral-breast contact frequent, oral-genital and anal contacts are not usual in performance, though analysis discloses the universal unconscious disposition toward such activity. In man, moreover, the unconscious needs not only appear during foreplay, but often colour, distort, and occasionally impede the coitus proper. In other words, the stimulus to coitus in lower mammals may also innervate pregenital patterns of behaviour, but the execution of these patterns constitutes merely an addition to, but not a distortion of, or an obstacle to, successful coitus. On the other hand, in human beings, successful coitus requires inhibition of all but minor fragments of pregenital behaviour. (Cultural factors, of course, determine the amount and quality of pregenital residua which are tolerated in the coital situation. However, the very same cultural factors determine which pregenital wishes are subjected to primal repression. Therefore it is reasonable to suppose that those pregenital fragments which appear in adult coitus are those which were not repressed, or were imperfectly repressed. Therefore, their deflected impetus does not contribute to the activation of the coital act.) While this apparent difference may be merely the result of closer familiarity with the data of the human being than the animal, there is no evidence that in animals immature patterns of behaviour strive against a constant inhibitory force. (There are two obvious exceptions to this statement. The first is the fact that the experiments of Klüver and Bucy demonstrate that in adult primates bilateral temporal lobectomy permits forms of sexual behaviour to appear which are ordinarily not evident. This fact can as readily be considered a confirmation as an inconsistency, since the behaviour of primates is intermediate between the behaviour of man and of lower mammals. The second exception is that, as we have already observed, there are some important forms of behaviour inhibition in lower animals; but these seem all to be directed against aggressive rather than erotic behaviour. For that reason, in my opinion, we cannot directly compare the behaviour effects of brain manipulations in higher species with those in lower species; on the contrary, the differences may give some clue to the differences in behaviour organization of the several species. In general, I am inclined to believe with Sillman that phylogenetic development among mammals is to be correlated with development of temporal lobe structures, and the latter with what Sillman calls counter-instincts (instincts which oppose more primitive instincts), though I would stress the inhibiting forces, i.e. repression, rather than the instincts which they activate.)

Another way of accounting for maturational activation of patterns of instinctual behaviour is to invoke endocrine changes which are known to accompany and organize some aspects of physical development. However, our discussion of the role of the endocrines in instinctual activation yielded only the conclusion that human behaviour is less closely regulated by hormones than the behaviour of other vertebrates; indeed, that hormones play a priming, but not an activating, role in the control of behaviour. ' The hormone is to be regarded, not as a stimulus to behaviour, nor as an organizer of the overt response, but merely as a facilitating agent which increases the reactivity of specific neuromuscular systems to stimulation' (Beach).

A good theory should not merely be consistent with existing facts and surpass other possible explanations, but it should offer some new aspect or organizing principle to the material with which it deals. My hypothesis accounts for continuity of instinctual motivation in the human. First, with respect to seasonal timing, if we take as a baseline the behaviour of the vertebrate between its seasons of reproductive activity, then we may say that the advent of the reproductive season provides an additional quantum of motivation which drives the whole series of reproductive activities. It does not seem to be a matter of redirection or of substitution, but of addition. Now freedom from seasonal regulation of reproductive activity is not limited to man. It is approached fairly closely by many other species, especially by the males. What distinguishes the human from the infrahuman arrangement more clearly is the continuity of instinctual motivation from birth to death in the former. We have no reason to assume any continuity of instinctual motivation connecting the tie of the young to the parent and the several seasonal efflorescences of sexual behaviour in animals. In the human, on the other hand, we know of only one discontinuity in erotic activity, namely, latency. However, latency is characterized not by cessation of libidinal ties, but by inhibition of drives aiming at physical contact with the instinctual object. In other words, latency is not a discontinuity in instinctual motivation. Hence we may speak of temporal continuity of instinctual motivation in man, and of discontinuity relative and variable, in animals. By what mechanism is continuity substituted for discontinuity? It is my suggestion that in man, the instinctual tie of young to parent never stops. Adult aims and objects are substituted for their infantile counterparts, but there is never a termination and resumption of the motivational impulse. The displacement phenomenon makes it possible to retain the infantile attachment while redirecting it to adult aims and objects. This relative prolongation in man of what are early ontogenetic stages in lower animals was described by Bolk and designated by him retardation with fetalization. The application of the retardation concept to metapsychology has been extensively discussed by Róheim and recently by Weyl. The acceptance of the idea that the displacement phenomenon is significant in the ontogenetic maturation of the erotic instinct in man makes it possible to account for the continuity of libidinal motivation which is characteristic of the human being.

b. Defence

But the concept of displacement activity has still broader implications. As it is used by the ethologists, displacement activity refers to a shift of the technique of instinctual gratification. However, a similar mechanism permits a shift of object of instinctual gratification. Such shifts of object are fairly commonplace. A strongly motivated male may mount another male if a receptive female is not available. Infrequently, there are matings between individuals of different species. Occasionally inanimate objects such as sticks are used for genital stimulation. With very high motivation, the instinctual pattern may be released even in the absence of any object; such instinctual activity performed in the absence of an object is called a vacuum activity. There seems, therefore, to be a principle in the operation of the instinctual apparatus of vertebrates which permits the substitution of one of the individual elements for another among techniques and also among objects, a more remote or less suitable element being requisitioned when the desired or appropriate element is unavailable. This plainly corresponds to Freud's observation in metapsychology, that when libidinal interest in a given aim or object is obstructed by internal or external obstacles, it is displaced to the images of other aims or objects. This displacement of libidinal impulse was best described and handled by the concept of a fluid ' psychic energy '. Tinbergen uses the term ' motivational impulse ' for the corresponding instinctual variable. The existence of a limited displaceability of motivational impulse in the instinctual life of lower animals and an extensive displaceability of libidinal cathexis in the human psyche seems to be a fundamental principle in the biology of instincts.

While the execution of a displacement activity in animals is ordinarily a brief, discrete process, in my hypothesis I have suggested that the process may remain dynamically active for decades. In the animal, a displacement activity is used for current, momentary adjustment; I have considered its possible function in directing instinctual activities over almost the entire lifetime of the human being. Is the concept of displacement activity useful in the human being in dealing with the current instinctual operations completed within periods of time of the order of a day? It is a fairly pervasive principle of metapsychology that psychic events of adult life are essentially repetitions of prototypes that occurred in infancy. Thus the pursuit of particular patterns of instinctual gratification in adult life is ascribable to a repetition compulsion. Every cognition of adult life is a re-cognition. Even the psychic defences are considered to be patterned after infantile modes of gratification. And repression proper is a secondary repression reasserting a primal repression of early childhood. Therefore, if the process of displacement activity obtains in ontogenetic maturation, we may look for it in current instinctual function. If we remember that the principle of displacement activity is essentially a shift of motivational impulse from one member of a series of instinctual elements which is thwarted to another, we may consider applying it to the metapsychology of defence—for a defence is essentially a device whereby a pattern of instinctual behaviour which is acceptable to the ego is substituted for one which is rejected by the ego. To give a specific example of such an application, let us consider repression. Above, I suggested that the inhibitory force which is effective in the series of displacement activities responsible for instinctual maturation is the organic basis of primal repression. If current displacement activity is a reassertion of infantile displacement activity, and if repression proper is a reassertion of primal repression, then we may infer that repression proper or secondary repression is the current psychic inhibitory force responsible for the shift in libidinal cathexis, the shift corresponding to the current execution of instinctual displacement activity.

In summary, I suggest that the concept of displacement activity which operates in the instinctual life of vertebrates may profitably be applied, *mutatis mutandis*, to the maturation and current function of the psychic apparatus of man.

D. INSTINCTUAL WISHES

The phenomena of displacement activity and mammalianization not only apply to the dynamics of instinctual behaviour but can be employed to examine its contents as well. If we consider the erotic instinct to be the tendency immanent in the structure of the central nervous system of an individual to bring that individual into a definite relation, usually physical contact, with another individual of the same species for the apparent purpose of performing together a function which neither can perform alone, then we may infer that the psychic representation of the instinct is a wish on the part of the subject individual that he unite with his object.

Freud, in attempting to construct a theory of instincts which would apply to human behaviour, considered object, aim, and source (and impetus) to be the significant variables: he asserted that since the instinctual drive was not itself a psychic process, but was merely ' a demand upon the mind for work ', the instinct could have no mental quality. The action of the instinct on the psychic life is to create instinct representatives which are subjectively appreciated as wishes: ' The kernel of the system Ucs. consists of instinct-presentations whose aim is to discharge their cathexis; that is to say, they are wish-impulses ' (*The Unconscious*, 1915). If the transition from instinctual need to primitive wish is actually a one-to-one translation, as I suggest, then we should find analogous elements in both, and should consider it reasonable to apply inferences about one to the other. We may discuss instinctual needs in the light of recent ethological data, and primitive wishes on the basis of the data of psychoanalysis; the two sources should be complementary.

1. CONTENTS

In every primitive wish the following elements may be ascertained: representations of the subject himself, of the object, and of the contact apparatus; the role the subject will play, and the specific technique he will use to achieve gratification.

a. Subject

In any fantasy expressive of a wish, an image of the subject himself appears. This image of the self which appears as the subject of the wish fantasy is the basis of the ' I ' in the statement of the wish, and a corresponding element designating the subject himself must be included in the neural disposition which is responsible for the instinctual pattern. This element, the subject himself, is usually taken for granted, but it is well to remember that every primitive wish and every derivative wish, fantasy, and dream is a statement of the need for contact between subject and object. Every dream expresses a wish of the dreamer, in which he participates, and every affect which appears in the dream is the affect of the dreamer.

That the psychic representation of the subject himself changes in the course of his development and so plays a significant role in determining the nature of primitive wishes and their derivative fantasies at every point of psychosexual maturation, has been observed and reported. I am not prepared to discuss the phenomenon at this time, and it is not necessary for this presentation to do more than note its existence.

b. Object

We are familiar, from the material of psychoanalysis, with the shift in sexual object. We know that the initial object of the infant is the mother. At a given point the father comes to occupy more and more of its libidinal interest. Later homosexual contemporaries and, ultimately, heterosexual contemporaries successively become the objects of the erotic instinct. The shift from one object to another is accompanied by repression of the psychic representation of the earlier object in sexual wishes. In the light of our previous discussion, it might be more correct to say that the shift is actually occasioned by the repression.

c. Apparatus

We may now consider the sexual apparatus. Freud states that the ' sexual aim of the infantile instinct consists of obtaining satisfaction by means of an appropriate stimulation of the erotic zone which has been selected in one way or another.' I believe that satisfaction is used here in a subjective sense, and this statement, therefore, unfortunately, implies that the phenomenon of consciousness is an essential factor in the operation of the instincts. I would prefer to adhere to Freud's suggestion that instinctual drive be considered a neural process, but not a psychic one, though it finds psychic expression. Freud also defines the aim (in *Three Essays*) as the specific act which unites subject with object. Now in discussing sexual aims, Freud actually refers to three separate elements, namely, the anatomical apparatus by means of which subject and object come into contact, the quality of activity or passivity, which I shall call role, and the character of the instinctual act, which I shall call technique.

To recapitulate classical theory, the initial sexual apparatus consists of mouth and breast. This is subsequently replaced by the anal zone with its product, which in turn is replaced in what we call the phallic stage by the external genitalia of both sexes and, of course, ultimately, in the genital stage by penis and vagina respectively. Here again repression accompanies, or perhaps more precisely, if our theory is correct, occasions, each shift.

As we shall see below in our discussion of technique, not every instinctual act has as its immediate goal physical contact. Preliminary goals deal with establishing a remote relation, for example, seeing or showing, startling or hearing, influencing or submitting. Such goals may deal with the erotic zones, but on the other hand they may deal with physical structures which are only secondarily libidinized, or with symbolic attributes of the physical organism such as wealth, prestige, name, possessions, children, and so on. However, such omission of specific contact apparatus obtains only in preliminary wishes as opposed to consummatory wishes, and in derivatives as opposed to primitive wishes.

Of course, in every wish a pair of contact organs is specified: the organ of the subject and the organ of the object.

It is important to realize that, with respect to both the series of objects and the series of sets of sexual apparatus, neither a repressed object nor a repressed sexual apparatus is automatically excluded from playing an important role in the subject's life. Following repression of the image of the mother as the sexual object and repression of the image of the mouth as sexual apparatus, the image of the mother nevertheless appears in maternal roles and the image of the mouth continues to play a nutritive role. Repressed images of objects are merely excluded from the role of sexual object and repressed images of sexual apparatus are merely excluded from the sphere of sexuality (though in some forms of neurosis, repression may extend to nonsexual roles of other individuals and of apparatus which was once sexual, as well). In other words, it is not the image of the object or apparatus which is repressed, but the sexual wish in which such images appear.

d. Role

Implied in every primitive wish is the element which I call role. It corresponds closely to the grammatical notion of ' voice ' and states simply whether the subject wishes to act upon the object or to be acted upon by the object, that is, whether the subject's role is to be active or passive. We should not be misled by the consequence of the wish. Thus, in the wish to seduce, the subject plays an active role, even though, if he is successful in seducing, he may be acted upon sexually by the object. Similarly, in the wish to be provoked, the subject plays a passive role, even though he may respond to provocation by acting upon the object. In some wishes, the subject acts upon himself, so playing a reflexive role. Such reflexive wishes obviously do not directly serve the erotic instinct as we have defined it above, namely, the instinct which enforces union with a second individual for the accomplishment of some purpose not attainable alone. But they may be considered to do so indirectly. For example, a reflexive wish may be used in defence against an active or passive wish which must be repressed. Thus, the wish to be punished may be replaced by a wish to punish oneself. A reflexive wish may be a preliminary step in a sequence leading to some subsequent interaction of subject and object. For example, one grooms oneself to become more attractive to a sexual object. Some wishes may be expressed in a medial form, that is, the action is intransitive, e.g. ' I wish to grow '. However, such wishes can always be transposed to more primitive, active, passive, or reflexive forms, e.g. ' I wish to possess my father's penis ' or ' I wish to enlarge myself '.

e. Technique

The concept of technique of instinctual gratification I introduced in my papers relating metapsychology to brain function (employing there the term ' strategy '). It was devised originally to account for the commonplace psycho-analytic observation that each individual has a number of favourite modes of pursuing his goals in reality and in fantasy. For example, the phobic individual favours fantasies in which topographical hazards, obstacles, and accomplishments are employed, including such concepts as high and low, inside and outside, open space and obstruction, the negotiation of gaps via bridges, and the conquering of such challenges as fire and water. The compulsive individual favours forcing, pressing, breaking, crushing, and also sudden reversal, as his modes of accomplishing his instinctual purposes. The individual prone to depression favours tendencies of incorporation and ejection, clinging and discarding. The schizophrenic prefers projection, influence, and rebirth. Techniques such as exhibition and viewing are universal. Techniques of linkage and isolation are encountered in phobias, depression, and schizophrenia. Aggression, too, may be considered to be a technique for instinctual gratification, most prominent, for example, in sadistic and masochistic fantasies (though obviously its erotic function does not exhaust its significance, and it requires further discussion in terms of the death instinct). Even identification may be considered a mode of instinctual behaviour by which subject relates to object. It seems to me that the individual's set of favourite techniques is at least as directly related to choice of neurosis as preoccupation with one set of contact apparatus, though obviously the two are to a certain extent related, since each set of sexual contact apparatus requires the application of a specific set of techniques.

(i) In animal instincts

Tinbergen, describing instinctual behaviour in animals, points out that most instinctual goals are pursued by attaining a number of sub-goals, and each of these, in turn, is reached ultimately by a set of individual motor acts performed either singly or in sequence. For example, in the specific case of the three-spined stickleback, the reproductive instinct includes fighting behaviour, nest-building behaviour, mating behaviour and parental behaviour. Furthermore, fighting behaviour includes biting, threatening, chasing; building includes testing of materials, boring, gluing; mating behaviour includes zig-zag dance, leading female to nest, showing entrance, quivering, fertilizing the eggs; caring for the offspring includes fanning, rescuing eggs, and so on. Now these specific motor acts, and others like them, correspond to my idea of instinctual technique. We have only to note one difference. Each motor act in lower animals (below or including subprimate mammals) belongs to, and is used by, only one instinctual pattern for only one instinctual sub-goal. For example, fighting is often performed in one way when it is used by the reproductive instinct, and differently in defence against predators. (On the other hand, the number of types of muscular activity is limited and essentially the same basic movements appear in several motor acts, e.g. the pattern of muscular activity is basically quite similar, though easily distinguished, in showing (the female) the entrance to the nest, trembling (to induce the female to spawn) and fanning movements (to ventilate the clutch of eggs).) In man most instinctual techniques can be employed in any of the primitive wishes, that is, in connexion with any object, any role, and any contact apparatus. As pointed out below, even techniques specifically associated with a particular contact apparatus may be applied to others. Nevertheless, the concept of instinctual technique, based upon, and devised to handle, psycho-analytic material, seems to me to correspond closely to the ethological category of ultimate motor acts executing instinctual behaviour.

Now Tinbergen describes a classification of such motor acts (suggested by Craig) into appetitive behaviour and consummatory acts. Let us consider the consummatory acts first, since they constitute a more homogeneous group. They are the acts which consummate the instinctual need, e.g. feeding, fighting, coition. They are stereotyped in pattern for the individual and for the species. They are therefore obviously executed by constitutionally provided motor patterns. I may add that since some of them (e.g. sucking, grasping) appear before the cerebrum is myelinated, and some appear inappropriately when consciousness is seriously clouded (e.g. plucking, fingering the genitals), these, or perhaps all consummatory acts, are mediated by infra-cerebral structures such as spinal cord and brain stem. I believe that this grouping of instinctual acts can be applied to the technique of the primitive wish. Note that these consummatory techniques are those which must be closely associated with the sexual contact apparatus. It is interesting that because the execution of the consummatory act terminates all other activity related to the instinctual goal or subgoal, Tinbergen says that ' such an end response consumes the specific impulses responsible for its activation '. In other words, he believes that it is not a sensory pleasure arising from consummation which terminates the instinctual activity, or any change in the contact apparatus itself, but simply that the performance of the act cancels whatever physiological force motivated the instinctual behaviour in the first place (motivation impulse).

Appetitive behaviour, as defined by Tinbergen (after Craig) includes all those acts which anticipate and prepare for actual consummation. They start with seeking the object and continue with methods of pursuit, approach, capture, attack, and so on. Now I would suggest that this group be divided into at least two categories: those that lead up to and result in discovery of an object, and those that follow the discovery and ' decision ' to pursue the object. In other words, only those acts in the first group should be called appetitive, since they consist of searching and scanning in response to an ' appetite '. These acts are less stereotyped than consummatory acts, but still display considerable regularity and consistency among individuals. Stereotyped searching and attending can be evoked by stimulation of the anterior portion of the temporal lobe in animals. After separating out these preliminary appetitive acts, we are left with a whole collection of instinctual acts which include, for example, methods of pursuit, catching, handling, positioning, and persuasion. This group of acts I would call approach or positioning acts. They are considerably less stereotyped than consummatory or appetitive acts, more complex and more modifiable in response to external circumstances.

(ii) In human wishes

Let us now apply this classification of techniques to the primitive psychic wish. Appetitive techniques in man include searching the external environment. However, scanning the memory is also an appetitive technique, only here the search is for the memory of a past object in the hope that it may facilitate current object finding. It is probably proper to include among the appetitive techniques, techniques for calling attention to oneself in preparation for a passive role in libidinal contact. Offering visual, auditory, or olfactory display to draw the attention of the object falls into this subgroup. In sublimation, such techniques are much elaborated and form the basis of advertising and public relations.

Approach or preparatory techniques, that is, those which bring subject and object together, include threat, pursuit, trapping, manipulation, deceiving, negotiation, stealing, imitation, accumulating, building, mixing, concealing, working material, and so on. They are seen in simple form in the primitive wish, not essentially different from their form in animal behaviour; they also exist in derived forms. Thus, the negotiation of topical obstacles is extended into a whole system of transportation, including the use of vehicles, channels, bridges, and so on. Manufacturing and building are also derivatives based upon instinctual techniques. Such techniques as trapping, threatening, bluffing, manipulating, compelling are usually indirectly employed, using such intermediate accessories as money, prestige, and verbal agreements. Planning and calculation, problem solving in general, are newly evolved methods of ordering the other, more primitive techniques into the most effective sequences for achievement of the goal. Testing, which in lower animals consists merely of close examination, in man becomes the whole science of measurement, experimentation, and the intrapsychic technique of imagining consequences.

The consummatory techniques are obviously closely related to the specific contact apparatus to which they apply. For example, sucking, tasting, chewing, and swallowing are available to the oral drives; the techniques of dejection, purification, the ability to recognize and separate the clean and the dirty, decoration, and possibly even primitive detection and recognition of other individuals are specific techniques available to those erotic activities which we assign to the anal drives; the techniques of penetration and receiving the penetrating object are characteristic of genital activities. Even these have derived forms. For example, the use of tools may be considered to be an elaboration of the use of limbs and appendages. Techniques of incorporating, penetrating, receiving, are extended from their original objects, the body-contact apparatus, to sheltering structures in general. Moreover, the modes by which two organisms make contact may form the models for a host of geometrical concepts.

Judging from the fantasies which emerge during the course of psycho-analytic treatment, we see that techniques appropriate to a particular sexual apparatus are often enough assigned to another sexual apparatus. For example, the techniques of biting off and incorporating, obviously appropriate to oral fantasies, are often used in anal and genital fantasies as well. The procedure of being forcibly penetrated, obviously appropriate to passive genital fantasies, may be seen in oral and anal fantasies too.

(iii) In ego function

Further elaboration of the concept of technique reveals the manner in which elements of instinct mechanisms provide the material basis of ego function, both elementary and abstract. One of the characteristic features of human instinctual behaviour, as contrasted with that of lower animals, is its plasticity, that is, its tendency to modify primitive patterns by substituting elements from other sub-instincts and from patterns originating at other stages of development. Let us consider specifically the instinctual need to suck at the mother's breast. Now the technique of sucking in the lower mammals is largely confined to the function of infantile feeding. By contrast, in man the technique of sucking is freed from this single function in the following ways. First, it is freed from the mother as its specific object, so that breast sucking reappears in adult sexual activity. Second, it is freed from the breast as its anatomic target and the sucking of genitals, tongue, and lips appears in adult sexual activity. Third, it is no longer restricted to the mouth as executive organ, for fantasies of anal and vaginal sucking are encountered in psycho-analysis and it is a prescribed exercise of Yoga to suck up and expel water per anum through a straw by means of control of the abdominal musculature. Fourth, the technique of sucking can be applied even in the absence of an animate object; for example human beings regularly suck at foods, cigarettes, tubes. Fifth, the technique of sucking can be reproduced mechanically—that is, it may be freed even from the subject as the agent; we have sucking machines such as pumps, blowers, siphons. Sixth, a further step in freeing the technique of sucking from the primitive instinctual wishes in which it originates is the development of the *concept* of sucking, suction, or vacuum. This is an abstraction which consists of the common principle contained in all wishes to suck (or be sucked). The creation of such an abstraction provides material for the intellectual task of predicting on the basis of general principles rather than on the basis of fortuitous experience. Its creation and use are therefore essential features of the secondary process operations of the ego. We can see in this example how materials of the ego may be derived from the autochthonous contents of the id. Finally, it is well known that each individual has characteristic modes of conceptualization; some people think topographically, some in terms of forces, some in quantitative and others in qualitative terms. These modes of conceptualization can also be understood as mental crystallizations of instinctual techniques, so that techniques determine not only content but also process of the ego. For this purpose sucking is not the most fortunate example, but it is not wholly inappropriate, since one speaks of absorbing information, and also of being absorbed in some mental occupation. A patient who was dissatisfied with his ability to memorize, visualized his brain resting on a printed page and sucking up the letters. Other infantile consummatory techniques are more readily discerned in modes of thought, e.g. incisiveness from biting, retentiveness from sphincter control, precision from cleaning, and penetration and receptiveness on the genital level. Indeed the synthetic function of ego may, in this sense, be considered a derivative of id techniques of uniting. Nunberg says, '. . . since the ego is derived from the id, it is probably from this very source (Eros) that it acquires its binding and productive power.'

2. ORGANIZATION AND STRUCTURE

We are now in a position to offer a suggestion about the form of instinctual behaviour in man. We have noted that whereas in inframammalian animals specific acts are related to specific instincts, in man and perhaps in all mammals there is a single erotic instinct which has the function of determining all behaviour requiring the participation of another individual. (Although the erotic instinct presides over all behaviour requiring the participation of another individual of the same species, its domain in man at least is not limited to two-person relations. It may activate reflexive or narcissistic behaviour in which the subject individual also plays the role of object, and it may activate sublimations in some of which no object appears.) In the service of this instinct, series of objects, sets of sexual apparatus, roles and techniques of procedure are available. In the course of development, a large number of combinations of the various objects, sets of contact apparatus, techniques and roles are formed. Each combination determines a primitive wish. 'We therefore have to conclude that the equal impulse-excitations are exceptionally "plastic", if I may use the word. One of them can step in in place of another; if satisfaction of one is denied in reality, satisfaction of another can offer full recompense. They are related to one another like a network of communicatory canals filled with fluid, and this in spite of their subordination to the genital primacy, a condition which is not at all easily reduced to an image. Further, the component-instincts of sexuality as well as the united sexual impulse which comprises them, share a great capacity to change their object, to exchange it for another, i.e. for one more easily attainable; this capacity for displacement and readiness to accept surrogates must produce a powerful counter-effect to the effect of a frustration' (Freud, 1917, *A General Introduction to Psycho-Analysis*).

Now while we have spoken of these categories which appear in the primitive wish as though any member of one category may be associated with any members of the other categories, we find in our clinical work that in any given individual, certain sets are especially prominent. These sets are the primitive unconscious wishes with which we deal clinically. Let us consider for a moment the simplest, most infantile, most deeply repressed wishes. It is these which are most difficult to recapture in terms of actual memory in analysis and which require reconstruction. They are often incorporated into fantasies which are more or less distorted versions of actual, historical events. We do not know exactly how any given set of instinctual components becomes associated with a real life situation; nor is there any great unanimity about the relative importance of accidental occurrence and constitutional predisposition in determining which specific sets of components become important. It is credible either that a set of instinctual components determined constitutionally should find an appropriately expressive set of external circumstances, or that a particularly forceful impression should combine instinctual components into such a set and render the combination permanent and important. My point is that I believe that this is the level at which constitutional and environmental factors combine in such a way that the execution of an instinctual drive becomes identical with the repetition of an infantile wish or fantasy. In other words, it seems to me that the formal unit of instinctual behaviour in man is the primitive infantile wish, which is merely the psychic expression of the specific set of instinctual components. The wish is the paper currency of the psychic world, the manipulation of which determines the fate of the organic instinctual drives which we may compare to the precious metal transferred hither and thither in subterranean vaults. Instinctual drives have no more direct representation in the psychic life. 'An instinct can never be an object of consciousness—only the idea that represents the instinct. Even in the unconscious, moreover, it can only be represented by the idea. If the instinct did not attach itself to an idea or manifest itself as an affective state, we could know nothing about it' (Freud, *The Unconscious*, 1915).

It is for this reason that instinctual pressure results in repetition compulsion. Each wish or fantasy becomes a paradigm after which the individual attempts to model his subsequent experience. In any given individual, a complete picture of the instinctual life can be given by a catalogue of primitive, unconscious wishes. ' Every human being has acquired, by the combined operation of inherent disposition and of external influences in childhood, a special individuality in the exercise of his capacity to love—that is, in the conditions which he sets up for loving, in the impulses he gratifies by it, and in the aims he sets out to achieve in it. This forms a cliché or stereotype in him, so to speak, (or even several) which perpetually repeats and reproduces itself as life goes on, in so far as external circumstances and the nature of the accessible love-objects permits and is indeed itself to some extent modifiable, by later impressions ' (Freud, *The Dynamics of Transference*, 1912).

We assume the existence of a series of unconscious primitive wishes, each evoked at its appropriate phase of maturation. The maturational processes which rouse each to initial activity include repressive forces directed against its predecessor. It remains active only so long as its predecessor remains repressed—and it itself suffers repression—at the proper developmental point—with activation of its successor in the series. In the adult, we may envisage a series of primitive wishes, or more precisely, a series of groups of primitive wishes, in linear arrangement of which only the last group—namely, heterosexual-genital, extra-familial wishes and fantasies, can become conscious. However, the linear disposition is in dynamic equilibrium. Repression does not mean permanent or even complete inactivation.

I suspect that a discussion of all possible forms of this dynamic equilibrium among primitive wishes and repressive forces must necessarily encompass all the variations of normal and abnormal dynamic psychology. For this presentation, the following brief sketch will suffice.

a. Objects

The series of libidinal objects which appear in the series of unconscious, basic wishes culminates with the consciously acknowledged, heterosexual love-object. The tendency, despite repression, to establish relations with homosexual objects, and to revive childhood experiences with parental objects by transferring their characteristics to the current object, presses upward continually. At best, this tendency causes fluctuations in the nature and intensity of the individual's relation with the love-object. At worst, it destroys the relation or makes it a source of misery to one or both partners. The attempt to balance the conscious love for the acknowledged heterosexual object against these disturbing forces occupies some proportion of each person's daily psychic activity, and usually of overt behaviour as well. This feature of psychic life is more susceptible to neurotic impairment than the ability to work and the capacity to respond to urgent, external demands.

A young man with a compulsive neurosis is unable to marry or even to carry a relation with a girl to a point of developing any real feeling for her, although his bachelor life is lonesome and he is strongly attracted to women sexually. He disdains marriage because he is unwilling to assume responsibility for a wife and children. After seeing a young woman two or three times he develops obsessive fears that he might infect her venereally (even though he abstains from intercourse) or that she will be hurt as a result of his neglect. He prefers to obtain sexual gratification commercially and to restrict emotional ties to servants. Moreover, his feeling about his mother fluctuates between indignation at being expected to visit her and sad longing when he stays away. His relations with male friends are also superficial and transitory and his feelings about his father fluctuate just as do his feelings about his mother. It is clear that this man is unable to avoid distorting the images of the young ladies whom he dates by superimposing upon them the childhood image of his mother, or similarly to avoid distorting the images of his male friends by superimposing on them the childhood image of his father. However, I believe that it is equally true that his repeated and persistent though unsuccessful efforts to establish affective relations with his contemporaries are driven by the instinctual force resident in the repressed primitive wishes about mother and father. Thus, in this case, the repressed primitive wish activates the libidinal efforts with contemporaries and at the same time, because the repression is not complete, frustrates these efforts by permitting the image of the repressed object to distort the image of the current object.

b. Techniques

The techniques for instinctual gratification are not repressed. In fact, during latency the process of education consists essentially of developing the constitutionally provided techniques for instinctual gratification to the point where speedy, skilful, efficient performance becomes possible in a large number of fields of human endeavour. Because these techniques are not repressed, and because they are elements of the most primitive and oldest wishes, their employment in dreams, symptoms, conscious fantasies and daily work permits a partial relief of instinctual pressure. These techniques are among the most readily available clues the psycho-analyst has, but the advantage of their ready availability is diminished by the fact that they generally betray neither the object nor the contact apparatus with which they are associated in the unconscious wish.

As a result of repression, the repressed object or apparatus in the wish may be replaced by another object or apparatus which has at least two properties: the property of being appropriate to the technique employed in the wish; and the property of being associatively connected on an unconscious or conscious level, or more usually both, with the repressed element. Substitute representations, including symbols, must possess these two properties. Thus a hazardous sexual achievement may be represented in dream, symptom, or sublimation, as the negotiation of a difficult task in terms of some technique not intrinsically sexual (that is, not consummatory), for example, the negotiation of heights, bodies of water, and so on. In a *New York Times* editorial (31 May, 1953) entitled ' Unconquered Goddess ', the writer concludes, ' Mount Everest is the last natural citadel—and the most formidable. . . . Col. John Hunt, who headed this year's expedition, has a story to tell. It will be an epic that is bound to thrill millions who followed his struggle. The heroine will be that towering icy queen, with almost vertical rocky slopes, that to us is Mount Everest, to Tibetans " Goddess of the World "; the heroes will be men of the stoutest heart who have proved that . . . the stuff that made great soldiers and great adventurers still lives.' In neurotics, sexual anxiety may appear subjectively as anxiety appropriate to the technique selected to convey the instinctual need, and mild non-sexual anxiety evoked by actual technical difficulties—for example, exposure to heights, closed spaces, and so on—may be vigorously reinforced by sexual anxieties of unconscious origin so as to produce phobias. In terms of this discussion, a sublimation is an activity driven by instinctual forces in which the technique is preserved and the contact apparatus either eliminated, substituted, or modified. For example, in the case of mountain climbing, in the mind of the editorial writer at least, climbing is the technique for establishing an erotic contact with the love-object, specific references to the genitals, the breast, or the womb being eliminated. Such sublimations are responsible for setting the force of the libidinal instincts at the service of society so that a large proportion of this instinctual force is devoted to daily work. Work activities in general are less susceptible to neurotic impairment than libidinal relations but more susceptible than emergency responses.

In the case of the compulsive young man, his neurosis impaired his daily work slightly—not nearly so much as it impaired his libidinal relations. (His work was much impaired when he had a business partner, and he felt that his decisions could ruin his partner and starve the latter's family. Dissolving the partnership resulted in a marked improvement of working ability.) In fact, the bidding, buying, selling, and trading against competitors gave him considerable gratification even though, or perhaps because, there was no consistent libidinal object. The analytic material, of course, disclosed the libidinal significance of the activity. The aggressive techniques of forcing, squeezing, depriving, destroying, accumulating, appeared distinctly in fantasies about his work, as in libidinal fantasies and in fact, these techniques provided the links with which the relations between the two could be demonstrated in symbol, dream, and symptom. Because the techniques are not repressed they can carry a good portion of the instinctual drive and can afford a significant and fairly consistent measure of gratification, though alone they are not able to exhaust the instinctual force.

c. *Apparatus*

The only consciously admissible consummatory contact organs in many adults are the genitals of both partners. Other combinations are occasionally acknowledged and indulged. When repressive forces are not able to hold in complete check the combinations of contact apparatus which appear in unconscious wishes, these combinations may tend to distort the coital function by imposing on the genitals techniques more appropriate to other organs. The problem of controlling these instinctual forces may be more or less difficult and complicates libidinal activities at best. This is one of the favourite sites for the first signs of neurosis. The obsessive concern of the patient described, about infecting and being infected venereally in intercourse, betrays the anal distortion of genital function, i.e. injury by contamination. For this man, semen and vaginal fluid are at worst infectious, and at best soiling substances which can cause disease by contact. Despite the fact that the patient is dealing with genitals, he behaves as though the contact is anal, and this illusion impairs the consummatory act and with it the entire libidinal relation.

d. *Role*

It is common to encounter sets of wishes in which active, passive, and reflexive forms exist side by side, so that one may be used as a defence against another. Such active, passive, and reflexive sets may be constructed with the assistance of the devices of projection and identification and also with the assistance of autoerotic behaviour. Anxiety may terminate the attempt to gratify passive wishes and substitute active or reflexive wishes, while guilt may terminate the attempt to gratify active wishes and substitute passive or reflexive wishes. In different societies one of these roles may be more acceptable than the other two, and the attempt to restrain the less acceptable forms may interfere in libidinal activities: it is often a point of low resistance for the manifestation of neurosis. In the case of the compulsive man, there is so much anxiety and shame about passive wishes which are insistent because of their infantile origin, and which offer surcease from the guilt evoked by hostile wishes, that he refuses to acknowledge them even in the most derived and innocuous forms. He will not, for example, admit that he is eager to be admired and loved by the girls he dates. Narcissistic wishes, on the other hand, are easily indulged. The fact that the wishes of both the infant and the female are passive, makes this man reject a passive role under any circumstances. Tinbergen observes that passivity, which he calls ' submissiveness ', is common to the attitude of the grown juvenile bird who has not yet left the nest and to the attitude of the sexually receptive female. In both cases the submissiveness has the function of appeasing the aggression of the male parent.

In brief, the capacity of the adult human being to devote a large proportion of his daily energies to constructive work flows from his ability to obtain partial instinctual fulfilment by indulging the technique of a primitive wish even in the absence of the contact apparatus. Those instinctually driven activities which are concerned with libidinal ties to a love-object pursue complete gratification by means of shifts in object, to a lesser extent in role and also in contact apparatus. This facility of shifting elements in the instinctual pattern is peculiarly human, and, together with the freedom from seasonal triggering, a freedom accomplished by repression and displacement, distinguishes human from animal erotic instinctual behaviour.

E. SUMMARY

I have attempted to review the theory of the erotic instincts and to include some original thoughts and some of the data of ethology. After describing displacement behaviour in vertebrates and proposing the existence of a unitary erotic instinct in mammals, comprising all instinctual behaviour in which a second individual of the same species participates, I have suggested that, in man, the progressive evolution in maturational sequence of patterns of instinctual behaviour is facilitated by the displacement phenomenon activated by an inhibition such as primary repression. A consequence of this type of maturation is that not only do the infantile patterns continue in an unremitting state of activity, but the adult patterns which supersede them and which are forced into action by the repression of the infantile forces remain constantly active so that instinctual behaviour in man is freed from the seasonal fluctuations which dominate the instinctual behaviour of the lower animals.

I have proposed further that instinctual drives and the primitive, unconscious wishes in which they are conceptualized contain the following elements: subject, object, contact apparatus, role and technique. Of these, the concept of technique is original, and it is discussed in detail. It refers essentially to the specific method by which the instinctual fulfilment is to be achieved. The combination of technique, role, and contact apparatus corresponds to instinctual aim in current terminology. It is peculiar to human instinctual organization that any of the series of elements in each category may be combined with any others in the other categories, depending on constitutional endowment and the individual's experience. Because of this tremendous variability in form and because of the consistency of activation, human instinctual behaviour is not limited to rigid patterns evoked intermittently by internal needs or to responses to external demands, but rather maintains a constant pressure leading to numberless varieties of constructive work and libidinal co-operation.

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THE PRECOGNITIVE CULTURAL INGREDIENTS OF SCHIZOPHRENIA

By

JAMES CLARK MOLONEY, BIRMINGHAM, MICHIGAN

In the earliest eras of human existence, man never considered himself distinct from the world around him. He never felt separated from the ground upon which he walked, or from the trees that brushed against him. He was at one with the wind that lashed his hair and the rain that wet his skin. He was mountain and he was himself. He was one with the sky overhead, with the ocean that rolled against the beaches, with the rocks that mounted on the reefs. He and nature were confluent. His past and his future were contemporaneous with the air he breathed. For him there was only today.

The rocks, the trees, the rivers, the mountains, the caverns, the oceans, and the hummocks of earth were alive, invested by man with a human spirit. Even the animals were human. In this world the lowly snake could come to represent a king, a god.

When the soft yellow haze of summer hung lazily over the plains and valleys, ancient man lived a life of serenity (6). It was turbulence that frightened him, and the intensity of his terror varied with the degree to which his world was disturbed. Earthquakes, avalanches, volcanoes, eclipses, floods, tidal waves were terrifying not only because they were severe but because they were unexpected, and to primitive man even these scourges of nature were human.

Not only did the violent upheavals of nature frighten the early man, but the day's minor changes aroused his uneasiness.

Fear, as in modern man, might be sudden in its onset, or a drawn-out matter—drawn out into a chronic state of tension. To define this latter state, I know no better word than ' suspense '. Suspense is unique. It is so unendurable that in the end it impels one to some sort of action. Man must either flee the source of his suspense or of his fear, or destroy the situation that frightens him.

The source of fear may not actually endanger life. An eclipse of the sun occurring at midday terrified primitive man. The gloom of night slowly and stealthily creeping over the damp earth created fears of lower voltage—created suspense. The primitives greeted night as if it were a horrific living being.

It is not my intention to catalogue all the kinds of supposed danger that beset earliest man. I am concerned here with those features of the sun, of fire, of light, and of darkness, that he considered hostile to his interests. And, to be sure, not all aspects of the sun, fire, and light were looked upon as threats to man. Often the sun was envisioned as a friendly agent.

Not in primitive times alone, but even today, the sun is a mother figure. Since World War II, Amaterasu, the sun goddess of Japan, has been known to most of us (11, p. 417). The earliest dwellers in Japan, the Ainu, worshipped a female sun (2, p. 63). Perhaps it is the sun's warmth that is its desired element, and the gender assigned to it is not intrinsically important. When warmth is the quality most cherished, the sun is actually a female, a mother figure, no matter though folklore and religion invest it with a male title and picture it as a male figure.

Vegetation and warmth are always associated in the minds of men. Lush tropical verdure is attributed to the heat of the equatorial sun. I take the following from a recent article by A. J. Levin (20): ' The relationship between . . . *Sodeh*—field—and . . . *Shodaim*—breasts—is rather clearly indicated. . . . The fact that the breasts and the fields are linguistically related is historical fact, since in the course of man's development the products of the field replace the milk of the breast as a principal source of food in the early childhood stage.'

There are so many literary allusions to the sun's rôle as a promoter and provider of vegetation usable as food that this needs little attention here. The sun, Bacchus, and Ceres are mentioned in the same breath, and those of us who have eked out a frigid existence in the uttermost reaches of the north temperate or south temperate zones are aware of the sun's importance as the provider of warmth, green plants, nutrition—and hope.

There have always been sun-seekers who follow the sun, and have no tolerance for the miasmic glooms that sadden the foggy areas of earth's surface. The weak, the sick, the maimed —even people who are simply exhausted—seek to lie in the sun's embrace. Such pursuit of the sun doggedly persists even though it is known that, for some human beings, the rays of the sun are harmful.

The analogy of the sun with a mother is inescapable. Unfortunately, however, sunlight is not always available, and as the mother's breast often fails, so also may the sun. And this is frightening. It is not difficult to imagine the predicament of the helpless hungry infant unable to procure milk from his mother's breast. The more frightened he becomes the more he needs to be nourished—the more he needs the reassuring tender caress of his mother. The absent sun is needed for precisely the same reason; to dispel suspense—the suspense incurred by the threat of abandonment.

Babies resort to fantastic devices to alleviate the anxiety arising from the absence of the mother's breast. It seems evident that the oral incorporation of the depriving breast is a preferred method. Obviously the baby does not actually devour the frustrating breast. When denied nourishment or love, it becomes furious and attacks the breast with the toothless gums if teeth are as yet absent. Perhaps rage—excited by fear—is never present without the impulse to bite. Before the development of the conscious ego and its more accurate measuring devices, this biting leaves its mark in the form of an early memory of a mistaken feeling of having devoured the object of the rage. This is cannibalism.

Such a cannibalistic attempt to dispel suspense may be attended by a feeling of being larger than the object devoured. This feeling is representable by the phenomenon of micropsia. The object ' eaten ' is now contained within the cannibal, surrounded by his body. In a fantastic sense it is now subject to the cannibal's will. No longer is the breast an elusive outside object that frightens not only because it is unobtainable, but also because of the ferocity of the reflex reactionary rages occasioned by its absence. Where there is no oral inter-relational harmony with the breast, the cannibal, by devouring the breast and depositing it in the prison of the colonic labyrinth, develops the illusion of an anal autonomy. The breast is a metonymy for the mother; so oral incorporation comes to mean the introjection of the mother.

This sounds fantastic. But I hope to illustrate the point so adequately that no doubts will remain in the most sceptical mind.

There are two methods by which the child attempts to rid himself of the suspense occasioned by an unresponsive mother. At times he devours the mother; at times he allows himself to be devoured by her. Perhaps because he is used to being devoured by the mother, he prefers this way of escaping from anxiety. In this special relationship between the two—i.e. when he feels he is being devoured by her—the infant entertains a feeling of smallness compared with the mother, who seems gigantic. Such a relationship with the mother's size is analogous to the phenomenon of macropsia.

It is not for us here to determine why some individuals feel larger than their mother, and thus are able to devour her, while others feel smaller, and thus are able to be eaten by her. I would hazard a guess, however, that the cannibalized mother is a ' willy-nilly ' mother who actually makes very little impression upon her offspring except for the psychic residue left by her absence. The big, devouring mother, on the other hand, never fails to impress her child with her mammoth size and power and the consistency of her demands upon him. In each instance the impact with the mother takes place before the ego is well enough developed for the child to evaluate and integrate the mother's actual meaningfulness to him.

Many readers will doubt whether any human being is accustomed to being eaten up by the mother. However, I will defer till later in this article the proof that some individuals allay anxiety by a fantasy of being devoured by the mother figure.

The destiny that befalls the mother befalls the sun also. The sun in some circumstances was devoured by the primitives, and in others the primitives were devoured by the sun.

Either position, that of devouring the sun or of being devoured by it, presupposes the absence of the ego boundaries. This is characteristic of primitive existence. Early man's coevality with his natural environment has already been described (21, p. 2). From this, one might conclude that modern man does not suffer from an undefined self, and that he at all times knows himself to be distinct from the objects and persons in the world around him. This is a naive assumption.

* * *

Skin contact with the mother, particularly with a motherly mother, advances the development of the skin ego. An accurate and objectively correct memory picture of the skin surfaces —in substance, an accurate memory picture of the body boundaries—is indispensable to the development of a sense of reality. To promote the proper memory picture of the body boundaries, the mother should stimulate all the baby's skin, not merely those areas (such as mouth, anus, vagina, urethra) which, owing to their physiological functions, call forth specific and exaggerated maternal attention. All the baby's body surfaces should be stimulated, fondled, and caressed by a relaxed, motherly mother. The very young baby should be held against the mother's bare skin; for there is perhaps no other way in which the reality of the mother's body is so accurately and consistently registered by the child. Consistent contact with the mother's body provides, through the sensory end-organs of the baby's skin, a valuable and unchanging picture of her actual texture. So important is the skin ego—the memorable skin schema—that everything possible should be done to develop it.

Still speaking of our own culture, let us indicate what may occur in connexion with the baby's other senses, in order to emphasize the importance of consistent skin contact between mother and infant. In the case of the visual sense, the light rays striking the rods and cones of the child's retina are neither the mother herself, nor even a properly consistent fetishistic substitute for her. When the light rays are reflected upon the baby's retina the child may be confronted with a confusing variety of mothers: bare-headed or hatted, rouged or unrouged, clothed or naked—some so extremely different from previous images that the baby may not even recognize them as being the same person he has previously seen. Moreover, the source of light may alter the mother's appearance. She may be presented to the child's eye as an effulgent being one moment, a silhouette the next.

Thus, through the visual sense alone, the baby draws a constantly varying, potentially inconsistent, and hence incomplete fetishistic representation of his mother.

The same situation exists in the case of the olfactory sense. The sensory end-organs in the mucous membrane of the infant's nose may be presented, as in the case of the retina, with fragmentary and conflicting fetishes for the mother, since only the odours which emanate from her, not the mother herself, are actually present at the mucous membrane surface. The baby may feel that he is surrounded by a swarm of mothers: the ' B.O.' mother, the ' Yardley ' mother, the ' Palmolive ' mother, the ' Pears ' mother, confusing in the inconsistency of their various smells.

Once again, through the auditory sense, according to the changes wrought by the mother's varying emotions and even her clothing, the baby may draw from the sounds of her voice and dress another confusing series of impressions, other fetishistic representations of a variety of mothers: the angry-voiced, the contrite and dulcet-toned, the silent wool-clad, the rustling taffeta-clad, the crackling starched cotton-clad. The sounds may be distant or near-at-hand or an angry outburst at 50 feet, followed by contrite murmurs in the baby's ear.

If the mother is not a breast-feeder, even the taste of her, as conceptualized by the baby's formula, may change with every feeding.

Whether the mother is represented to the baby through eye, ear, or nose, if he is not also in frequent contact with the mother's skin, he does not experience the real mother. However, when the skin of the infant is thoroughly stimulated by contact with the motherly mother's own body (and not merely by a ray of light, an odour, or a sound wave), there is a consistency and reality in the relationship which undoubtedly advances the adequate development of the child's body schema memory. The texture and temperature of the mother's skin varies little from one contact to another. Because of a skin-to-skin relationship with the mother which is consistent and real, rather than fetishistic and full of vagaries, the baby's sense of reality, his efficient skin ego, develops properly.

However, this ideal relationship between mother and child is seldom found. Frankly, there is nothing that the child can do actually to materialize the hallucination of the absent or physically removed mother in a concrete or tangible way at his eyes, ears or nose (unless it is to smell his own faeces in connexion with coprophagia or coprophagic fantasies as outlined by Spitz (27). However, the child *can* implement the hallucinations of the absent mother at the skin merely by some sort of self-caressing. It is not surprising that the absent mother induces two major types of self-caressing and self-fondling that are more universally represented than others. I allude to thumb-sucking, in which the child's own thumb becomes a substitute for his mother's breast, and to infantile masturbation.

It is not at all strange that masturbation should play an important part in self-mothering or self-fondling, because the exquisiteness of the genital sensation and the accessibility of the genital organ forms an excellent preconscious substitute for maternal satisfaction, the need for which is occasioned by the mother's absence.

During early infancy when the sensory channels are unevenly and inadequately stimulated the nascent ego is fragmented. Each ego-fragment becomes invested with an autonomy that is conceived as being holistic by the part of the memory process representing the autonomous fragment. In considering fragmentation we might think of vision ego, smell ego, hearing ego, taste ego, or feeling ego.

In these circumstances, since the ego is not knit into a structured whole, there is no memory-represented structured whole. Consequently, distortions and fragmentations occur in the memory body schema, and one fragment can become a representative for the whole or for another part of the ego. The eye ego, for instance, can represent the mouth ego; such terms as 'I devoured her with my eyes', and other similar phrases abound in all languages and demonstrate the widespread nature of this psychic phenomenon.

Using the skin as a self-mothering, self-caressing device provides a pattern for the process of materializing the mother. It is clear from information gained from schizophrenics that most of these individuals can make a flash contact with or become momentarily aware of the significant outside person, object, or situation and then quickly identify with their own inner significant object, person, or situation, so that the real, external thing becomes practically non-existent. To fend off anticipation of another dreadful experience (such as loss of the mother) which might occur if an actual relationship were established with another person, the individual *becomes* the other person as well as being himself. He meets the situation in a flash by a repetitive employment of the same antidote that was used during the helpless days of his infancy to neutralize the baleful dependence upon his mother when he first discovered her frightening unpredictability. The antidote, in fact, is in keeping with our traditional understanding of psychodynamics and actually represents the biograph of the individual's first effective method of meeting and dealing with maternal rejection. He duplicates a longitudinal section of his history after the initial part of the picture is vitalized by contact with some meaningful person.

All analysts have seen patients fight off transference by some typical and personalized self-indulgence. During the analytic hour this self-indulgence may be represented by smoking, massaging the forehead, rubbing the arms, wringing the hands, leg-wriggling, and so on. Outside the hour the transference may be opposed by precipitation through an acting-out of the original narcissistic devices. These devices may be represented by increased drinking, masturbation, sexual promiscuity, excessive eating, excessive smoking, and so forth.

Although I shall not enumerate all the processes by which I have arrived at these concepts, it is my opinion that the actual presence of a relaxed, motherly mother is necessary to provide the general skin-massage that is all-important to the development of a skin-ego or body-schema. From this general fondling the baby develops a proper memory image of his body surfaces, which in turn affords him an accurate picture of that which is not a part of himself. A proper memory image and adequate skin-ego provide him with an accurate knowledge of spatial relationships. Without it he will resort to the earlier narcissistic techniques of replacing the mother with a part of himself.

In this connection Piaget says: 'The hereditary factors of the first group are structural and are connected with the constitution of our nervous system and of our sensory organs. Thus we perceive certain physical radiations, but not all of them, and matter only of a certain size, etc. Now these known structural factors influence the building up of our most fundamental concepts. For instance, our intuition of space is certainly conditioned by them, even if, by means of thought, we succeed in working out trans-intuitive and purely deductive types of space' (23).

To elaborate, it can also be said that there is no doubt that individuals can ' caress ' their own ears by their own efforts. They may talk, hum, or whistle to themselves, enhancing the narcissistic effectiveness of such endeavour with appropriate daydreams. This is perhaps no different in its basic intent of providing security from caressing of one's own skin. We might concede that humming, whistling, or singing to oneself provides an ear-caress, an ear-comforting such as was originally provided by the mother. In fact, one of my patients, whenever she was in a difficult situation that caused her to desire the presence and assistance of her efficient mother, would hum Brahms' *Lullaby*. Her mother had sung it to her as far back as she could remember; now *she* was both mother and child—the mother who sang the lullaby and the child sung to by the mother. In her time of need she played both parts.

As has been implied above, this ear-indulgence of humming to oneself occurs when an especially suited or predisposed personality is confronted with a situation that calls forth a need for the mother who is not there. The predisposed individual plays the part of the needed mother by humming to himself. It might just as well have been a need to taste food or alcohol, to inhale tobacco smoke, to massage his own forehead, to scratch his own itching, to smell perfumes (or his own faeces), or to masturbate. These actions all have the same significance—the need to mother oneself for security's sake. It is not surprising that a hummer who has lost himself in a tune is at times just as embarrassing and annoying to similarly disposed rigid individuals as a masturbator who masturbates in public.

* * *

The foregoing remarks on self-indulgence are intended to indicate a trend. In this paper, however, I am anxious to indicate the similarity or connexion between cannibalism and seeing the light of the sun, and/or being seen by the sun.

As I have said, in those individuals who have not enjoyed a warm and intimate skin relationship with a motherly mother's skin, distortions in the reports of the four senses develop as a consequence. When the sensory end-organs of the skin of the entire body are not adequately stimulated, of the four senses actually in use undoubtedly the sense of sight offers the most important avenue of linkage between the mother and her child.

In fact, if the infant's skin is not caressed and touched by the mother's skin, the eye may assume astounding properties. For instance, if the child utilizes a phantasy of devouring the elusive mother and still has no skin contact with her, the devouring is accomplished by the eyes. Because the eyes are more stimulated than any of the other senses, they become involved in the gestalt and in the memory of the act of incorporating the mother.

In my opinion, the fact that the senses are still dissociated and are not integrated by the skin sense, offers a real problem for the infant in his attempts at maturation and homeostasis. This is particularly significant when we realize that the baby is incapable of gaining security through looking at the mother during the earliest days of his life, because he is blind, or, more accurately, has not yet learned to focus.

At any rate, the capacity to use the eyes to devour the mother can be and has been employed against the sun. The person who attempts to devour the sun must feel himself larger than the sun. This artificial emotion stems from the dissociation of the senses and from a consequent distortion of the feelings stored as memories, and brings about a situation analogous to micropsia.

But before turning to the matter of eating the sun or being eaten by it, it is necessary to know a little more about the mother-child relationship. We must understand quite thoroughly the concept of the mother as a cosmos before we can understand the concept expressed by the phantasy of eating up the sun. It is not enough to dispense with the transitions with a wave of the hand by saying that the cannibalized sun is analogous to the mother's cannibalized breast. We must also understand the intermediary dynamics of the relationship of mother to infant which clarify the psychic evaluation of the sun as a breast. Piaget says: ' Verbal or cogitative intelligence is based on practical or sensorimotor intelligence which in turn depends on acquired and recombined habits and associations. These presuppose, furthermore, the system of reflexes whose connexion with the organism's anatomical and morphological structure is apparent. A certain continuity exists, therefore, between intelligence and the purely biological processes of morphogenesis and adaptation to the environment ' (23).

The term cosmos may confuse some readers, because it usually connotes majestic spaces, comets, stars, interplanetary systems, the universe, and even the fourth dimension. However, there are tangible concrete reasons for including the concept of the cosmos as a mother in human evaluations. To quote Freud:

'A child's first erotic object is the mother's breast that feeds him, and love in its beginnings attaches itself to the satisfaction of the need for food. To start with, the child certainly makes no distinction between the breast and his own body; when the breast has to be separated from his body and shifted to the "outside" because he so often finds it absent, it carries with it, now that it is an "object", part of the original narcissistic cathexis. This first object subsequently becomes completed into the whole person of the child's mother, who not only feeds him but also looks after him and thus arouses in him many other physical sensations pleasant and unpleasant. By her care of the child's body she becomes his first seducer. In these two relations lies the root of a mother's importance, unique, without parallel, laid down unalterably for a whole lifetime, as the first and strongest love-object and as a prototype of all later love relations—for both sexes' (12, pp. 89–90).

It is evident, from the welter of evidence already accumulated, that the infant at first is incapable of distinguishing his mother from himself. If the mother for any reason whatsoever causes any type of consistent disturbance to her newborn, she paralyses the infant's outgoing efforts, obstructs his maturational emancipation from herself, and prevents him from developing clear-cut ego-boundaries.

When the mother does not provide the proper dosage of maternal love, fails, in short, to provide the proper maternal climate, the maternal aspects of the primary unit (mother-child) become psychically adherent to the child's body. The mother is not, as it were, peeled off from the child's skin. The resultant memory of the skin picture is, in certain areas, that of the earliest relationship with the mother—a memory of the time when the child did not consider his mother as distinct from himself.

As I have pointed out, such a maternal disturbance of the child's skin memory occurred before the development of the conscious aspects of the ego. Using the term 'maternal disturbance' implies a much stronger and perhaps even a more sinister meaning than 'lack of proper maternal dosage' (31, p. 67). If the mother is mature and is not agitated by an adverse reality, she will neither neglect the infant's needs nor smother it with unwanted attentions. She will supply the proper dosage of mother-love, her motivation springing from her heart rather than from her mind. A proper mother permits her newborn to attempt new skills. After a period of trial the child may fail to accomplish the task he has set for himself. A proper mother will watch for a signal that he wants some help from her. When signalled, she will come to his aid. This is an example of correct maternal dosage. The mother neither neglects the child nor smothers his efforts to learn for himself.

If these observations seem repetitive, I would defend the repetition on the grounds of my concern that the reader becomes fully convinced of the dynamic aspects of the process of normal maturation, and normal emancipation from the mother. In normal maturation the child becomes aware that he is 'self' and that his mother is 'not self'. I shall elaborate later on the fact that, more accurately speaking, anything that has been once experienced is never again exactly and completely 'not self'.

When a maternal disturbance occurs before the advent of consciousness, the child develops serious defects in his feelings about what is 'self' and what is 'not self'. The 'not self' (mother), if regarded as unassailable and incapable of being controlled or influenced, is still felt to be in some way a part of the self or at least not wholly 'not self'. It may be conceived as beside the self—as witness the expression, 'I am beside myself'. The memory of the skin surfaces under faulty maternal conditions contains intermingled 'self' and 'not self' elements. The 'not self' is not peeled off from the 'self'. Because these actions are preverbal and even preconscious, this memory area becomes practically inaccessible. Through continuing growth the development of memory representations of mother systems by-passes the defective skin memory system. And, unfortunately, the proper skin ego is seldom recaptured and reconstructed into its proper relationship with other body memory elements that go to make up the total memory system. Because of the disturbance in the memory skin-ego representatives, defective spatial relationships with outside objects also occur.

There is another reason why spatial relationships with things in the outer world are defective. For ultimate clarification, the dynamics of this other reason will have to be developed step by step. Some of these steps are analogous to or parallel with the steps or procedures that occur in depersonalization. Before experiencing the depersonalization, the predisposed individual exhibits herself to another person. In the case that I have in mind, the woman, a model, exhibited herself to a man. Then she would make a flash contact with the man she had elected to become the voyeur of her body. At that precise moment she became the man who gazed at her, as well as being the woman gazed at by the man. She usually preferred to exhibit her buttocks. This trend of events always culminated with the woman feeling depersonalized. This depersonalization is important to remember, in order to understand one particular aspect of the concept of the cosmic mother.

To prepare the foundation better for an understanding of these dynamics, I will describe an analogous situation that occurred in the case of the son of one of my patients. The mother, my patient, was quite schizoid, though her schizoid trends were not of institutional magnitude. She preferred her own company. In privacy she nursed herself with the ‘ milk ’ of her own daydreams. She resented intrusions upon them. She gave perfunctory attention to her duties, completing them as soon as possible so that she could go back to her self-nursing through the employment of masturbation and fantasy. She did not want her little son around because he interrupted the formation of her fantasies.

Early in infancy the son recognized her rejection of him. It was noted that when he was five months old, even though he was a breast-feeder, he would put his thumb in his mouth whenever the mother took him into her arms. From my own observations of other similar situations, I assume that the baby, even at this tender age, became a mother to himself through his thumbsucking activity. He became the mother who put the breast (thumb) into his mouth and also the baby who sucked on the breast (thumb). He had a world all to himself. This act of self-mothering occurred whenever the real mother picked him up, to short-circuit his mother out of existence. He became a mother to himself. It is obvious that at this time in the child’s life he had not differentiated his mother from himself. The mother existed at his own skin; there was no space intervening between himself and her, or at least between himself and herself in his psychic reality, in his psychic evaluation of the mother-child primary unit.

* * *

In the current and past considerations of the concept of the cosmic mother, it seems obvious that the subject of mensuration of the outer world has not been given sufficient attention. There are many comparisons that warrant further study, such as larger than, smaller than, nearer than, farther than, lighter than, heavier than, blacker than, earlier than, later than, etc. The comparison considered in this frame of reference must be a standard, that is, it must be a standard in so far as the individual is considered. It is a standard for comparison. It is a fixed point or orientation point that is used by the individual for the purpose of testing an unknown so that he may arrive at a more accurate knowledge of either the intrinsic or borrowed nature of that unknown.

Therefore a standard must be established in the memory that can be utilized in making a comparison. Is an object farther away, or is it much smaller? Is a person early for a meeting, late for a meeting, or on time, or he is earlier than John Brown, or later than Tom Smith? To solve these seemingly simple problems, it is necessary to consider the mind at birth. The mind at birth is a blank slate. There are then no standards that can be used for making comparisons, because the existence of standards has not been experienced and they have not been retained as memorable situations. In the precognitive mind the ability to measure has not been established because there are no standards to be used as comparisons. The differentiation of what is ‘ self ’ from what is ‘ not self ’ has not yet occurred. Consciousness with its better integration provides means for making measurements. Because of the consciousness, reason can be employed to evaluate time and space interrelationships. Using a concept that had been previously taken into the mind, the consciousness can establish by the intellectual process what is larger or smaller than the self. The intellectual process can determine whether the individual is late or early for an appointment.

However, this does not mean that these space and time evaluations will receive from the emotions an approval of the answer given by the intellect. This is important because it means, and this has been affirmatively established, that a person can think one way about something and feel another way about the same thing. A person can intellectually know that he is physically larger than his father, but at the same time the information from his emotions will establish the opposite state of affairs, will establish that he is smaller than the father. This situation of knowing one thing and feeling another is applicable to the mind after it has established the means of evaluating the environment and after it has established consciousness.

However, before the original standards or concepts have been stored in the memory, having been imprinted upon the blank state of the cerebral cortex, there is a precognitive existence that represents a togetherness with the mother. If this existence is traumatized, a paralysis of the maturative expansiveness of the individual may result. Because the trauma occurs precognitively, the individual is not provided with the means, with the instruments for the measurement of the adversary—the mother. The reactions primed by the mother are not discriminations; they are rather a reflex holistic type of response. Because of the absence of the necessary tools for measuring time and space relationships, the mother is emotionally felt to exist in some special kind of juxtaposition to the baby, the kind of juxtaposition being determined by the predominant nature of the relationship which was congealed or solidified in the baby's memory by the traumatic experience. The baby is trapped in a gestalt in which all the significant agents and presences are represented, and the trap contains a natural tendency toward immutability and can be set in action or sprung by either one or all of the agents or presences that are meaningful in the gestalt.

In consequence of the gestalt that is precipitated before the advent of cognition, there persist emotional feelings towards the outer world, that are now calibrated by the measuring devices of consciousness. Even if these tools are present, the feeling tone toward the world might be one of frustration, fear, and/or anger. These feelings, which are for the most part linked in some sort of inseparable unity, are present even though the intellect reports that there is no need to feel frustrated, frightened, angry. It is a matter of feeling tone, and this feeling tone takes precedence over the intellect. It is the same feeling that the individual entertained as a baby toward the mother. The feeling that was hostile precognitively, and may well have been associated with fanciful notions of mastery through oral incorporation, is hostile post-cognitively. In the post-cognitive era, the continuity of mother becomes invested in the world that is at one's skin or at one's fingertips. Special variations in the relationship with the mother might feature an eye, an ear, a skin, a smell, or a taste dominance. The dominance, regardless of its type, is a perpetuation of the precognitive featured relationship with the traumatizing mother.

After the world at the fingertips has become the continuity of precognitive mother, the world becomes the cosmic mother. Special features of this cosmic mother might again be featured, as the featuring took place in the precognitive era. If the eyes are precognitively featured as the important connecting links with the precognitive mother, then the sun, the source of light, will become meaningful as one of the cosmic mother's most significant aspects. Attempts at controlling the sun will follow the same patterns by which the individual attempted eye control of the mother. And, as we shall see, this attempt at eye control of the mother, cosmic mother, the sun, might lead, in those individuals who are existentionalistic because of the absence of reconstructed ego boundaries, to the delusion that they have devoured the sun.

The ancient concept of participation (17, 9, 10), naturally involving ideas of animism, employed the psychic processes of projection and displacement. Because of the projection of animal deglutition upon astronomical phenomena, that physiological process is recoverable in the ancient myths that deal with the swallowing of the sun.

The absence of the sun struck terror into the hearts of the ancients. To rid themselves of this, they needed to account for nocturnal and eclipse absences of the sun. Accordingly, they subjected the sun's absence to a kind of ritualistic compulsive doing and undoing. To provide peace of mind the absence of the sun was accounted for and congealed into a myth and thereby ' controlled '. The ancients ' superiorized ' the sun. They believed that they could predict its course and its destiny. They accounted for its absence by believing that it was devoured by an animal, a god, or a human being. The sun reappeared in the sky each morning after having seared its way out of the animal's entrails.

Róheim (24, p. 164) cites an Eskimo tale in which the hero (in my estimation, the sun) disappears down the open mouth of an ice-covered bear (the darkness of night). When the hero emerges from the bear, he is hairless and scalpless. This, in my view, refers to the baldness of the early morning sun, which is without rays (hair). Referring to W. Jockelson's *The Koryak*, Róheim says: 'A Koryak myth relates the tricks played by Miti (his wife) on Creator. She lay down on the ground spreading her legs upward. She thrust her head into the snow and grew so large that she obstructed the way. Creator went right into her anus as if it were a house. While in her anus he became bald-headed' (24, p. 165). This myth, to Róheim, has phallic significance. To my mind, however, in the light of the concept of the sun's being regarded as *Creator* in many early religions, this myth is an indication of the entry of the sun into the alimentary tract (anus) of the wife, here symbolizing the darkness of night. Note, again, that upon reappearance through the supposed moving of the bowels of darkness, the creator or sun is bald, or ray-less, like the sun at dawning.

Róheim further relates: 'Kamakaju in Ysabel cuts himself out of the inside of a kingfish and when he gets out he says "Where am I?" At that moment *the sun rises in the east*, and tells Kamakaju, "Don't get into my way or you will be burnt." He follows the sun up to the sky and he teaches the sun's children to eat cooked food' (24, p. 165). The implication seems clear that the kingfish represents darkness, and there is an equation of the hero with the sun, since they emerge simultaneously. Especially in the light of this equation, I find an alimentary significance—the sun devouring, or being devoured—in the reference to food.

I offer a substitute interpretation for the one Róheim places upon the Chilcotin and Shuswap myth of Little Dog: 'Little Dog [sun], warned by his wife not to go in a certain direction, disobeys and is swallowed [here an oral implication] by a moose [the darkness of night] standing in the middle of the water. Little Dog makes a fire [sun's fire or light] inside, cuts the animal's heart out and eats it, thus killing the moose [i.e. the mother (darkness) dies when the sun gets out]' (24, p. 165). There is also, in the myth, a reference to Little Dog's approaching a stone door which shuts and opens, which I interpret as a reference to alternating day and night, or sunlight and darkness (24, p. 165).

The Ainu tell the story of the devil that planned to eat the sun. 'When God created the world the evil one did all he could to frustrate His designs, especially with regard to human beings. Now, after all things were made, the devil perceived that men could not possibly live without the light- and warmth-giving sun. He therefore made up his mind to destroy that beautiful and useful work of creation, and thereby injure men. So he got up early one morning, long before the sun had risen, with the intention of swallowing it. But God knew of his designs, and made a crow to circumvent them. When the sun was rising the evil one opened his mouth to swallow it; but the crow, who was lying in wait, flew down his throat, and so saved it. Hence the crows, remembering the benefits they once conferred upon the human race, have an idea that they may do just as they like with men, and live upon the food they provide for the sustenance of themselves and families' (2, pp. 68–9).

Maui, a Polynesian of heroic proportions, trapped and beat the sun until it was crippled. 'Maui "observed that the time between the sun's rising and setting was very short, and he said to his brothers, 'Let us tie the sun, that it may not go so fast, that man may have time to provide food for himself.' But his brothers said, 'Man cannot go near to the sun on account of the heat.' Maui said, 'You have seen the many acts that I have performed. I have taken the form of a bird, and again resumed that of a man, while you have ever had the form of men. And now, my brothers, I can do what I propose, and even greater acts than this.' His brothers consented, and commenced to plait ropes. . . . When these had been made Maui took his weapon, made of the jaw-bone of his progenitor . . . and his brothers took their weapons and the ropes, and they . . . journeyed till they had got near where the sun came up. Maui, addressing his brothers, said, 'Beware you do not surprise and unnecessarily startle the sun; but let his head and shoulders be fully within the noose, and be ready when I call to pull the opposite ends of the ropes. When the sun is caught, I will rise and beat him. But let the ropes be securely fastened that he may be held for some time. And, O young men! do not heed his cry of pain. Then we will let him go.'"

'"The sun came up like blazing fire, and when his head and shoulders had entered the noose Maui encouraged his brothers to action by saying, 'Now pull.' They did so, and the sun drew his limbs together with a twitch. Maui rushed at him with his weapon, and scarce had the sun time to call before Maui was belabouring him, and continued to do so for some time. When they let him go he went away crippled, and in the anguish of his pain he uttered another of his names, Tama-nui-a-te-ra (great child of the sun), and said, ' Why am I so beaten by you, O man? I will have my revenge on you for having dared to beat the great child of the sun.' He departed on his way, but was unable to travel so fast as before." ' (7, pp. 45–6).

In more than one myth the sun escapes from the belly of night or of Hades by his own aggressive action. This latter idea is presented in many of the myths described by Róheim, and in this Zulu myth unearthed by me:

' A . . . very curious conception of the spirit-world is found in the Zulu tale of *Unanana Bosele*. Two children and afterwards their mother were swallowed by an elephant. " When she reached the elephant's stomach, she saw large forests and great rivers, and many high lands; on one side there were many rocks; and there were many people who had built their villages there; and many dogs and many cattle; all was there inside the elephant; she saw, too, her own children sitting there."

' In short, as Tylor points out, it is a description of the *Zulu Hades*. . . . Instead of being released by a deliverer from outside, the woman cuts her way out of the elephant after feeding, with her children, on his internal organs. . . . And it came to pass, after a long time, that the elephant died ' (32, pp. 198–9).

In my opinion this mother represents the sun. The elephant represents darkness, and its inside the gastro-intestinal tract of darkness. The elephant dies because darkness dies with the dawn of a new day. It dies when the sun escapes because it is the night, the darkness that disappears with the break of day.

The records contain other instances in which a mythological character has been swallowed by some type of animal. In these instances baldness and light play a prominent part. In relating these particular myths in which the swallowing of the central character is featured, the story of Jonah is described. Jonah was swallowed by a huge fish after he was tossed into the sea. Jonah was comfortable inside the fish because its stomach was large and there was a huge diamond (sun) in it that gave light. Later Jonah was transferred to another fish whose stomach was small and crowded with little fish. This fish vomited Jonah on to dry land (19, pp. 556–7).

And another sun myth is as follows: "... presently the Sun would bring it to pass by taking flesh in the womb of a virgin in the village of Gaucheta [Colombia, South America], causing her to conceive by the rays of the sun while she yet remained a virgin. These tidings were proclaimed through the region. And it so happened that the head man of the village named had two virgin daughters, each desirous that the miracle should become accomplished in her. These then began going out from their father's dwellings and garden-enclosure every morning at the first peep of dawn; and mounting one of the numerous hills about the village, in the direction of the sunrise, they disposed themselves in such a way that the first rays of the sun would be free to shine upon them. This going on for a number of days, it was granted the demon by divine permission (whose judgments are incomprehensible) that things should come to pass as he had planned, and in such fashion that one of the daughters became pregnant, as she declared, by the sun. Nine months and she brought into the world a large and valuable *hacuata*, which in their language is an emerald. The woman took this, and, wrapping it in cotton, placed it between her breasts, where she kept it a number of days, at the end of which time it was transformed into a living creature: all by order of the demon. The child was named Goranchacho, and he was reared in the household of the head man, his grandfather, until he was some twenty-four years of age." Then he proceeded in triumphant procession to the capital of the nation, and was celebrated throughout the provinces as the " Child of the Sun " ' (5, pp. 309–10). Freud comments on a similar set of dynamics (13, p. 291).

Other evidences of animism derived from the primitives' observation of human physiology are to be met with in historical, mythological, and religious records. The ancients knew that if something is swallowed by the body, it must of a necessity reappear again on the outside of the body. If the sun does not reappear as a result of its having burned its way out of the entrails of darkness, it reappears outside the body of darkness as a defecation or as a birth.

The following also refers to the animistic concept of the gastro-intestinal tract as darkness. But in this instance the sun passes under the earth. '. . . that the sun crosses a vast sea to reach the east was also known to the Armenians. . . . It is on this journey that the sun shines on the Armenian world of the dead as he did on the Babylonian Aralu and on the Egyptian and Greek Hades. The following extract from an Armenian collection of folklore unites the sun's relation to Hades and to the subterranean ocean: " And at sunset the sun is the *portion* of the dead. It enters the sea and, passing under the earth, emerges in the morning at the other side " ' (1, pp. 49–50).

To be sure, abstract connotations of devouring in general and in particular of the sun being eaten up by the darkness are rife in the annals of mythology. I make no attempt to exhaust this aspect of the legendary records on animism. To illustrate the point in question, however, more examples are cited.

'. . . its obvious explanation is identification with Khnum, the guardian of the waters coming from the lower world and master of Hades. The sun at night-time is lost in Khnum's dark realm and unites with him ' (22, p. 28).

'. . . the sun may also be thought to hide himself in the body of the heavenly cow during the night; so that he enters her mouth at evening and is born again from her womb in the morning ' (22, p. 36).

The sinister aspects of the bowels of night are even synonymous with the dead aspects of filth and decay. ' As everyone in the spiritual world has garments in accordance with his intelligence, that is, in accordance with truths which are the source of intelligence, so those in the hells, because they have no truths, appear clothed in garments, but in *ragged*, *squalid*, and *filthy garments*. . . .' (30, p. 99).

'. . . we hear now of hell [which is the channel of night as derived from the animistic concept of the gastro-intestinal tract]: The *Atharvaveda* tells of it as the Nāraka Loka (in contrast with the Svarga Loka, the place of Yama), the abode of female goblins and sorceresses, the place of blind or black darkness. It is described in slight detail in its horror in that Veda (v. 19) and fully in the *Satapatha Brahmana* (XI. vi. I), where Bhrgu, son of Varuna, sees a vision of men cutting up men and men eating men . . .' (18, p. 100).

And again the familiar theme is encountered: ' Yudhisthira, the only one of the Pāndavas to attain alive to heaven, was submitted to a final test before being permitted to join his brothers and the other heroes of old. Through illusion he was caused to see the tortures of the damned, for " hell must necessarily be seen by all kings " (*Mahabharata*, xviii. 27 ff). Passing through the *repellent horrors of decay*, Yudhisthira stands aghast at the torments which he beholds ' (18, Pl. VIII).

I do not want to burden the reader with repetitions, but I wish to repeat that darkness, hell, and the insides of the gastro-intestinal tract are identical. Illustration after illustration of this theme is recoverable from the records (3, p. 365; 30, p. 390; 22, p. 39; 2, pp. 68–9).

One significant myth, dealing with the animistic concept of night as a colon, was recovered from Ainu records.

' Another legend . . . tells us that when the dogs [of Hell, Hades, Nether World] on one occasion discovered in the world of the departed a ghost [sun representative] from the upper world, they set up a great howling. Upon this the inhabitants, including the father and mother of the ghost, made offerings to *inao*, and set the refuse of their food outside the east end [where the sun rises] of the hut for the ghost to eat. He was very angry at having such dregs offered to him, and endeavoured to knock it all away; but the filthy stuff only flew into his bosom, and he could not get rid of it, try how he might. It was only after he emerged into the upper world of living men that the refuse offered him could be got rid of ' (2, p. 572).

Rather than become involved in any argument about what constitutes a religion and what a schizophrenic delusion, I content myself with describing certain schizophrenic *processes* that are analogous to the sun-devouring myth material of the ancients. These instances are excerpted from my own files and from biographical material occurring in various cultural records.

A patient believed that there was a searing white-hot ball in his chest. Its periphery was a contracting iron that contained the gaseous interior, threatening to expand and to break its restraining membrane. At times the patient believed that this ball occupied his brain.

He was never certain how the ball got into him. But he did recount an instance when he was poisoned by an exposure to the sun. And, as a matter of fact, he often experienced distress after he had been out in the sun. The distress did not occur immediately. Sometimes the reaction was delayed for several days.

The patient believed that the searing ball within his body was the sun! At times he believed that the metal covering was not only cooled by his own body fluids, but that the cooling body fluids made the outer metal membrane contract. On other occasions his interiorized sun was surrounded by either a mailed fist, or a fist without mail. The first was discipline that controlled and contained the white fire ball, the sun. The interiorized sun, the interiorized white fire ball, were his rampageous emotional feelings that threatened to break their bonds.

At times the sun was like a red ball, like the sun on a horizon. At other times, the incorporated red ball was like the electric light, an accoutrement of his nursery that could be shattered or could not be shattered. Even any contact with a realistic pain source developed within him the sensation of a searing white-hot ball.

Feodor Moor, early in the nineteenth century, was a captive in Japan. Later, on return to Russia, in desperation he shot himself through the chest. When he was found ' his body was opened, and in the breast were found two pieces of lead, with which, instead of balls, he had loaded the musket. He had left on a table in his apartment, a paper containing the following singular expressions: " That life had become insupportable to him, and that, at certain times, he could even fancy he had *swallowed* the sun " ' (14, pp. 216–17).

Feodor Moor's delusion that he had devoured the sun is particularly pertinent to this study. Moor, with his master, Captain Vassily Golownin, was imprisoned by the Japanese. This imprisonment was a retaliation for the Russian raid on the Kurile island of Eetooroop conducted several years before by Davidoff and Chwostoff as ordered by Nicholas Petrovich Resanoff. Resanoff, the Russian emperor's chamberlain and plenipotentiary over the Russian possessions in the north-east and north-west Pacific, humiliated by Japan's ' closed-door ' policy, had avenged himself upon the small and defenceless island.

Captain Vassily Golownin was a decent sort of fellow, and Moor at first was not only subordinate but subservient to him. Later a schism developed. Moor avoided Golownin and became exceedingly sycophantic in his attitude toward the Japanese.

That the Japanese enclosed both Golownin and Moor in wicker-like baskets stimulates conjecture. The Japanese in substance consumed or devoured the two men. For months they were contained within the ' entrails ' of Japan. At long last, Moor became schizophrenic.

In his schizophrenic state he developed the delusion that he had swallowed the sun. Japan is the ' land of the rising sun! ' Moor actually developed the delusion that he had swallowed Japan, that he had swallowed the sun. Of course this delusion was not in keeping with the actual fact, the ego-alien fact, the ego-threatening fact that, devoured, he was being held prisoner by the sun of Japan. This reversal has been described by William Silverberg as a schizophrenic manœuvre.

Van Gogh also ate up the sun. That he had done so is evidenced in his paintings. In one painting, *The Sower*, the predominant reference is to the sun that makes things grow.

' In a . . . letter he wrote that he had had a strenuous week of painting *among the corn in the full sun* and had made a sketch of a sower. He also described the colour—a ploughed field of violet, a sower in blue and white and over all a yellow sky with a blazing *sun* . . .' (25, p. 158).

And then, in a companion piece called *The Reaper*, Van Gogh in his own words characterizes *The Reaper* as the devil that eats up the sun and the sun's product.

'. . . he [Van Gogh] took his easel and canvas, walked down the long road to the station, climbed the hill past the Catholic Church, and sat down in the yellow cornfield, opposite the cemetery.

' About noon, when the fiery sun was beating down upon his head, a rush of blackbirds suddenly came out of the sky. They filled the air, darkened the sun, covered Vincent in a thick blanket of night, flew into his hair, his eyes, his nose, his mouth, buried him in a black cloud of night, airless, flapping wings.

' Vincent went on working. He painted the birds above the yellow field of corn. He did not know how long he wielded his brush, but when he saw that he had finished, he wrote *Crows Above a Cornfield*[1] in one corner . . .' (29, pp. 482–3).

Van Gogh was frustrated in devouring the sun, and devoured parcels and fragments (black birds) of the night instead.

' Van Gogh resolved his dilemma by painting the sower and then eased his anxiety and sense of guilt by means of another picture which he called *The Reaper*. This canvas shows a little reaper in a yellow wheatfield under a sizzling sun. He tried for an all-over effect of "sulphur". Regarding this paper, he wrote, "I am struggling with a canvas, a 'Reaper'. The study is all yellow, terribly thickly painted, but the subject was fine and simple. For I see in this reaper a vague figure fighting like a devil in the midst of the heat to get to the end of his task. I see in this figure the image of death in the sense that humanity might be the corn he is reaping. So it is—if you like—the opposite of the 'Sower' I tried to do before. But there is something sad in this death—it goes its way in broad daylight with a sun flooding everything with a light of pure gold"' (25, p. 158). Van Gogh symbolized his eating up the sun by devouring his paints (16, p. 264). Like Feodor Moor, he too shot himself through the chest and died from his wound (16, p. 264).

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[1] According to ' Van Gogh Paintings and Drawings ', a Special Loan Exhibition, The Metropolitan Museum of Art, The Art Institute of Chicago, 1949–1950, the last Van Gogh painting was entitled *Crows over the Wheat Fields*.

It is not necessary to posit the existence of land bridges to explain the significance of the crows that attacked Van Gogh and that of the crows that attacked the devil in the Ainu land. It is indicated by some of his paintings that Van Gogh possessed a smattering of knowledge about Japan. But it is indeed unlikely that he knew anything at all about the Ainu crow-sun-devil myth. More than likely, his 'crows' were schizophrenic 'blackouts'—analogous to the splinters of night darkness that are banished by the sun.

And from another famous report from literary records, one that greatly interested Freud, the following statement is taken:

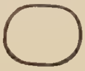
'By the way, even today the sun looks different to me than before my illness. Her rays pale before me if, turned towards her, I speak with a loud voice. I can look into the sun unperturbed and am dazzled only very little, whereas in days of health, I, like other people, would have found it impossible to look into the sun for minutes on end' (26, p. 126).

It is characteristic of many people to sneeze if they look too long at the sun. It is as if staring at the sun produced a violent ejecting sneezing. In sneezing, the sneezer closes his eyes, blotting out the sun. The closing of the eyes is part of the reflex.

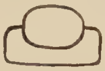
The following will sound like a sweeping generalization. Nonetheless, I have clinical evidence to support my claim that some aspects of sneezing are a part of the infantile colic story (28).

Sneezing at the sun betrays in certain patients the concept of having been 'poisoned'; 'poisoned' by a maternocentric mother. Being touched by 'poisonous' warm fingers of the mother and 'poisonous' warm rays (hands) of the sun are analogous (*see illustration*). American internists refer to the latter as a clinical entity dubbed 'sun poisoning'. The maternal climate and the sun climate are indigestible. The mother and, consequently, the sun are 'ambivalent'. The mother pretends to feed wholesome milk to her child, but because of the mother's agitation, her maternocentricity, this wholesome milk turns out to be 'poison'.

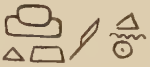
'. . . the sun was not drawn as an ellipse, but rather like a disc with two flattened poles.



The sun hieroglyph was in use as early as 3200 B.C. when hieroglyphic writing was introduced, and a short time later the hieroglyph for horizon occurs.

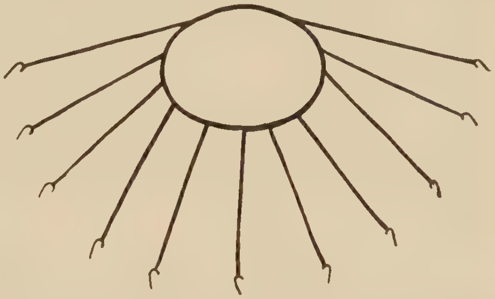


But the name of King Akhenaten and of his city, Akhet-aton, were not coined until *c.* 1370 B.C., and therefore the hieroglyph of the horizon is infinitely earlier than the name of a town composed of it.



The Egyptians *always* draw the sun as a flattened disc and thus make no difference when it is just above the horizon or when it is at the zenith. When they show the rays of the sun the beams are drawn as lines emanating from all sides of the disc except the upper third of the circumference, and these rays usually end in hands seen in profile. Sometimes they hold the sign of *Life*,

but when they are empty they still have the connotation of 'giving'.



(*This information received from Bernard Bothmer, Department of Egyptian Art, Museum of Fine Arts, Boston, Mass., in a personal communication.*)

The sneeze rejects the sun, the cosmic mother. The rejection is the symbolic opisthotonus that pushes away the mother. The mother symbolized by the sun is reacted against by the angry loneliness that comes to be resident in the areas involved in the totality of the picture of infantile colic. This material will be given more specific attention in a paper yet to be published entitled ‘ The Life Cycles of the Sun God ’. According to Dr. Ann Stewart (28), eosinophile increase, spasms of the bronchioles and colon, hives, eczema, conjunctivitis, and turgescence of the mucous membranes of the nose are constituents of infantile colic, of ‘ excessive crying in infants ’. The chest, throat and larynx are involved in the act of crying or the preparedness for crying (4).

The sneezing at the sun is a rejection of intimacy, of love with the mother, the sun, the cosmic mother. Sneezing is a forecast of the ‘ sun poisoning ’ that occurs in the person who needs to reject further poisoning by anticipating the avoidance of love, of intimacy.

Once a patient of mine tried to stare down the sun. For his efforts, he burned a hole in his retina. His lens acted as a magnifying glass and focused the rays of the sun on his retina in such a way that a hole was burned in this membrane.

Ferenczi concerned himself with parental aspects of the sun. He believed the sun to be a father figure. In many ways the sun is often a maternal substitute. It is my opinion that when the sun is paternalistic, the paternalism cloaks an underlying maternalism. Ferenczi says: ‘ For a neurotic whom I analysed the soothing effect of the sunbath depended for the most part on his tremendous father-transference. For him the sun was a father symbol, which he gladly let shine upon him and warm him; it had in addition an exhibitionistic significance ’ (8, p. 365).

It is not always the mouth that angrily devours the sun. Sometimes the skin is enraged by the sun’s caresses, and devours the sun.

One patient, a woman from the Ozarks, came into money, married, and lived with her husband in Grosse Pointe, Michigan. Each winter she went to Florida. For the first four weeks that she basked in the sub-tropical sun, nothing happened to her skin. However, during the last two weeks of her winter vacation she could not tolerate even a short exposure to the sun. During that time when she exposed her lithe body to the sun’s warmth, her skin broke out. Ugly, weeping, angry-looking lesions covered her from head to foot. After returning to Michigan and for weeks after the final exposures to the Florida sun her skin broke out into weeping raw areas interspersed with patches of giant urticaria.

During the summers she visited her husband’s family home on Saranac Lake. For the first month and a half at Saranac she tolerated the sun. When it was time for her to return to Grosse Pointe, she broke out in a rash.

As with her own mother’s behaviour during the precognitive period of her infancy, the sun was a mother who at first seduced her by warm caresses and then suddenly and finally abandoned her to her own resources. Her skin reacted with rage to this abandonment.

CONCLUSION

Under optimum conditions the rhythms and especially the precognitive rhythms of the child are respected by the mature infantocentric mother. The mother exercises and stimulates the whole of the child’s skin. She does not limit her attentions to the mouth, or to the urogenital region of the body. She carries the baby on her own body, permitting it to clasp her and nurse on her and actively to feel her as well as to be felt and caressed by her. This skin attention by the mother focuses experiences derived from the other senses upon the near-at-hand mother. The smell of the mother, the mother noises, the sight of the mother, the touch of the mother are centralized as originating in this special human being that is felt by the skin.

With the physical presence of a permissive mother at the baby’s skin, the maturative process is not only promoted but integrated. All precepts are afforded an equal, simultaneous stimulation and contemporaneous relatedness of the five different perceptual impresses from the mother body. Because the rhythms of the baby are respected by this intimate maternal climate, and because it remains in a more or less continuous contiguity with the mother, the baby is introduced to the world instead of the world being thrust in fragmentary fashion at the baby.

This type of precognitive relatedness with the mature mother advances or subsumes a continuity in his social experiences. The continuous presence of the mother in physical contact with the baby reduces to a minimum those devastating frustrations that incur shock responses, fragmentation of previous gains in the inchoate ego integration, and the indiscriminate paralysis of efforts at expansive reaching out for the exploration of new areas in the world of reality. Previous to cognition the infant is one with the mother. This oneness requires an unhampered serenity and mutuality for the eventual and proper liquidation of the infantile physical and psychic togetherness. It is intended by nature that the infant should grow away from the mother. It is intended that he should attain an identity of his own that is not at its adult level slavishly addicted to or slavishly rebellious towards the mother person. This normal maturation implies a development of a sense of reality that is not hampered by parataxic orientations in the solution of any of the contemporaneous problematic situations that present themselves.

The individual reared in this optimum maternal climate feels his age for every level of development. He knows where and when he is actually independent. This is a feeling tone, a something inside himself that is a proper measure of himself and of the significant other person. In his association with others, he feels neither slavishly dependent nor slavishly independent. He feels that he is neither king nor slave, unless he actually is one.

Further, with the primary unit properly divided into self elements separate and distinct from mother elements, the ego boundaries approximate the actual body boundaries. He is able to distinguish self from what is not self, or at least the functional limits of the body and mind of the self. Because of this ability that is a function of a proper body memory physically, intellectually, and emotionally, he does not form magical identifications with other people. The separation of the primary unit is not in a constant state of flux, of rejoining and separating of the self elements and mother elements. In this normal development, things are not as important as persons—and things are actually what they are and not what fancy makes of them.

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THE PSYCHO-ANALYTIC TREATMENT OF ULCERATIVE COLITIS

By

MELITTA SPERLING, M.D., New York

Introduction

The disease medically known as non-specific idiopathic ulcerative colitis hardly appears to be a classical subject for psycho-analytic investigation or treatment, and it is not surprising that psycho-analytic interest in it is relatively recent (1, 8, 5). The disease, still clinically puzzling to internists, is characterized by bloody diarrhoea and abdominal spasms, follows a chronic or acute course often with high fever, and is sometimes fatal. At first glance, this description seems to preclude considering ulcerative colitis as a psychiatric disorder. It has, however, certain features, particularly the onset and the spontaneous exacerbations and remissions, that are definitely related to certain significant life situations. This relationship attracted psychiatric attention some twenty-five years ago (4, 11, 12).

The life situations that precede the onset of ulcerative colitis seem to resemble those that precede another baffling disorder—the group of schizophrenias. There appears to be a similarity in the circumstances under which the break with reality occurs in schizophrenia and the somatic break occurs in ulcerative colitis. Many important questions are suggested by this similarity. Why does one person react with a psychotic break and another with a somatic break? Why is the somatic break specifically ulcerative colitis? What precipitating factors in the onset of schizophrenia and ulcerative colitis are of determining importance? Is there a similarity in the personality structure of patients with these two disorders, and consequently a similarity in the dynamics of their reactions to traumatic experiences? If so, other questions arise. What is the significant factor—specific experiences or constitutional and hereditary conditions?

Because projective tests of patients with ulcerative colitis almost invariably point to a latent psychosis, there is a resistance to—one might say, a fear of—utilizing psycho-analytic techniques in such cases. The tacit assumption is that it is dangerous to remove the somatic symptoms, since by so doing an underlying psychosis will be exposed. On the basis of this assumption, it would appear that a case of ulcerative colitis cannot be treated psycho-analytically without running the risk of precipitating a psychotic break. My experience does not support this conclusion. On the contrary, I have found it possible, in psycho-analytic treatment of the ulcerative colitis patient, to analyse the patient's defences without the fear or the expectation that he will be overwhelmed by the impulses against which these defences were set up. I reported in 1946 on cases of ulcerative colitis in children cured by psycho-analytic treatment, and have followed these cases up to the present time—that is, for a decade and more (8). I do not know of any cases cured by other methods. At least, none have been reported in the literature.

I am not concerned with whether or not ulcerative colitis in adults can be favourably influenced by psychotherapy; undoubtedly it can. The questions I raise here are: Is ulcerative colitis a curable disease? If so, by what means is it curable? I present the case of a young adult patient with severe ulcerative colitis as a contribution towards an answer to these questions. Psycho-analytic treatment not only effected a cure of the ulcerative colitis in this patient, but also prevented him from developing a psychotic break, which in a certain early phase of treatment appeared imminent and inevitable.

Case History

The patient, a young man of nineteen, was referred to me for psycho-analytic treatment because of an acute exacerbation of a non-specific ulcerative colitis. He had had his first attack at the age of fourteen. During the following five years, despite continual medical care (which included a rigid diet), he had had frequent attacks of increasing severity. During this period, he also had severe insomnia and feelings of discomfort with people, especially in crowded places such as stores and subways. He felt that people were looking at him and talking about his nose, which he considered very large. He was more at ease in the company of another person than alone.

The patient's father died when he was fourteen, and shortly thereafter he developed ulcerative colitis. A marked change in his personality took place during the following year. His nose suddenly began to grow and he was markedly concerned about it. He thought of undergoing plastic surgery, but was fearful of the outcome and worried that he might not like himself afterwards.

The patient is the youngest of four children. He and his brother, Bernie, eleven years his senior, live with the mother. Another brother and the sister, both older, are married. After the father's death, Bernie played a very significant rôle in the patient's life. The brothers shared a room. Bernie was very close to the patient; he was interested in his welfare and also supported him financially. Bernie did not appear to have much interest in girls, although he went out with them occasionally. When the patient was nineteen, Bernie became seriously attached to a girl and considered marriage. The patient was shocked; he could not understand what his brother saw in this girl, for to his mind she was ' just nothing '. He suffered an acute exacerbation of the ulcerative colitis at this time and accepted referral to me.

In treatment, the earliest interpretations given to the patient dealt with his resentment against his brother whom he was losing to the girl. The exacerbation of the ulcerative colitis symptoms and his disturbed behaviour were interpreted as a reaction to the anxiety of separation from his brother. Early in the psycho-analysis the patient had, at my suggestion, abandoned the strict diet he had been observing for five years. He had gained weight, and his colitis symptoms had subsided. When the date for the brother's wedding was set, however, the patient had a recurrence of the bloody diarrhoea and became disturbed. He expressed fears that he would not be able to attend the wedding, that he would have a nervous breakdown, that he might collapse while walking down the aisle and disrupt the ceremony. It was very obvious that he could not tolerate the idea of losing the relationship he had with his brother. The analysis, at this time, dealt with his inability to separate himself from his brother.

In accordance with my concepts established in previous work, the cramps and the diarrhoea were interpreted to him as representing his magical omnipotent way of giving up his brother by devaluating him to faeces (6). What he could not achieve in reality was thus accomplished in the somatic symptoms as if he were saying that, having made his brother worthless, he could now give him up. The anal-sadistic control over a frustrating love object operates in this way in ulcerative colitis. The passive experience of losing the love object, unacceptable to the patient, is thus transformed into the somatic, active pushing out of the love object. The accompanying rage and pain are completely denied and are released in the somatic symptoms. The more intense the rage and fury, the more severe are the somatic symptoms, especially cramps and frequency of bowel movements.

As the patient's ulcerative colitis symptoms subsided and his total behaviour improved, he began to complain about girls. He felt that girls had an advantage over boys. Boys had to make overtures to girls, and had to give ' something ' to them. ' Women get money from their husbands and then henpeck them ', he said. He thought girls did not like him, but actually he provoked and annoyed them. He quarrelled with his future sister-in-law, and felt that his brother had no time for him because of her. Gradually his real fears relating to women came to the fore—that if he had intercourse he might get venereal disease or impregnate a girl. He told me that he had always been envious of his sister and had never got on with her because she did not have to work when she lived at home. and now had a husband to support her. His fear of losing his penis in the vagina was so intense that in speaking about it he trembled and felt goose pimples all over his body. He greatly feared the ' hole ', as he called the vagina. In this phase of the analysis, the patient discussed his childhood. He felt that he had been very different as a child—happy, outgoing, and rather mischievous. He had had many friends and had liked girls until he entered high school. Then everything changed. The ' kids ' in his high school were very tough and he couldn't cope with them. It was at the start of high school that he developed a severe attack of ulcerative colitis which subsequently became chronic. He remembered having had diarrhoea earlier in his life, at six or seven years of age, and that on many occasions, when he had bellyaches in school, his sister would come to take him home.

At this time in the treatment, the diarrhoea and bleeding from the rectum had stopped, but he complained of a new symptom, which worried him greatly. His penis was bleeding. He had a habit of lying on his belly and pushing his penis forcibly into the mattress, and he thought that this was how he had injured his penis. He would never touch his penis with his hands. He appeared to be more disturbed at being looked at than he had been, and his feelings that people were making remarks about the size of his nose also became more pronounced. He had dizzy spells and a feeling that he was losing his reason. He gave the impression of being on the verge of a psychotic break.

At this point, it became necessary to interpret to him immediately the self-destructive aspects of this behaviour and the unconscious motivations for it: he was trying to damage himself; it was as if he wanted to get rid of his penis, and was afraid to touch it because of his destructive impulses. He became very anxious, repeatedly asking, ‘ Can I do it? Can it come off? ’ but added, ‘ Don’t tell me this, I don’t want to know.’ I also pointed out to him that he could not relinquish his brother to his rival, the brother’s fiancée. The effect of these interpretations was immediate and remarkable—all his symptoms subsided.

The brother’s wedding, which the patient attended, went off surprisingly well. After the couple left for their honeymoon, however, the patient again started to complain about dizziness and nausea, especially in the mornings on the subway, and he frequently had to change trains. (Formerly he had made the trip with his brother.) This behaviour was interpreted to him as the expression of his wish to become sick, to stay at home, and to force his mother and brother to take care of him; furthermore, he felt resentful and frustrated with the analyst whom he held responsible for his deprivation. To get sick and to lose the job also meant to stop the analysis.

Immediately after this interpretation he remembered a dream he had had the previous night. In the dream he had stopped his analysis and had gone back to the very first doctor who had treated him. He was still sick, and the doctor sent him back to me. The feeling in the dream was that I was the only one who could cure him. The background for this dream follows: after the brother left home, and stopped supporting him, the patient had taken a night job in addition to his regular one, in order to make enough money to finance his treatment. It was apparent to me that he was undertaking too much; that he was arranging a reality situation which would justify his resentment of the analyst. I accordingly offered to reduce his fee so that he could give up the night job and still have some money left for himself. He accepted my offer, but shortly afterwards he had a return of the colitis symptoms and complained that he felt very weak and dizzy at work.

This dream indicated a change in the transference relationship which, in its full significance and implications, could be understood only later in the treatment. The fact that I had reduced his fee substantially was taken by the patient as an indication of my personal interest in him. I had put myself into the rôle of the mother and brother, and he repeated with me, in the transference, the behaviour that characterized his relationship with these two important figures in his life. The patient measured his ability to control his mother and brother by the degree to which he was able to affect them with his illness.

A period of intensification of symptoms and generally disturbed behaviour followed this dream and the episode of reducing the fee. A new somatic complaint, bleeding haemorrhoids, was added to the already impressive list. During this period, he remembered a ‘ funny ’ dream. He came to my office and I was cleaning his teeth. I found five thousand cavities for which I was treating him. In the dream, he said that he goes to the dentist twice a year and usually has three cavities For the treatment of five thousand cavities he would have to feel indebted to me for a lifetime. He wanted to go to his doctor for a rectal examination, but I didn’t like his doctor, and sent him to someone I had suggested. In association to the dream, the patient said that he had planned to make an appointment with the proctologist who had previously examined him. He remembered that once a pretty young nurse had given him an enema, before a sigmoidoscopy, and that it was both embarrassing and exciting to him. He also thought of the pain caused by the doctor’s rectal examination when he had haemorrhoids. The symbolism of the numbers two and three had been discussed on a previous occasion, in connexion with dream material. When I interpreted to him that the five thousand cavities which I found, in addition to expressing his feelings about the fantastic findings in analysis, might also represent a bisexual symbol—namely, two and three and three zeros—he immediately recalled a story which he had read in the newspaper the evening preceding the dream, about a man who had been transformed into a woman through an operation. This dream also expressed his feeling about the reduction of fee and the number of sessions, and his unwillingness to be indebted to me. The unconscious significance of the bleeding from the rectum as an indication of his femininity (menstruation, birth, competition with his sister-in-law, he having a child instead of her) had already been discussed with him. I pointed it out to him again in connexion with this dream.

He now looked and felt ill and his symptoms, especially the bleeding, were acutely intensified. When I interpreted to him that he was now trying to have a somatic break because he had been prevented from having a nervous breakdown which, according to him, might have stopped his brother’s marriage, he replied that this was certainly a much better way. At least it was not so obvious and, after all, he was still working although he didn’t know how he managed it. He actually began to plead with me not to interfere—‘ Maybe I really am sicker than you think. How do you know? Maybe I don’t have what others have and I can’t do it.’ (He had come to me because he knew one patient with ulcerative colitis who had been cured by me.)

He did not come for his next session because, as I was informed by a telephone message, he had been hospitalized for severe bleeding. When I visited him at the hospital, he looked at me and said that he was sorry about what had happened. I did not have to do much interpreting. He appeared to understand very well what had happened and the reasons for it. By this time, I too realized more fully the significance of the dream of changing doctors, and was able to utilize this understanding in handling the patient. I explained to him calmly and simply, that he had apparently lost trust in me because, according to his feelings, I had acted like his mother and brother, and not as the unshakable and always reliable analyst, as he had expected. He said that he knew I would not give him up, and that if I had, this would have meant the end for him. He realized that at the cost of illness he had got his way and forced his brother not only to assume the responsibility for the expense of the hospitalization, but also to move back into the house. The proctologist had prevailed upon the brother to do this by explaining that his removal from the house had made the patient sick.

The importance of the transference relationship in the treatment of a patient with ulcerative colitis prompts me to discuss more fully the episode described above and the technique for handling it. The patient, at the time and also later in the analysis, unmistakably indicated that the reduction of his fee had shaken his confidence in me and had made me in reality a weak mother figure. He felt that I did what other doctors had done in such a situation, namely given in to him and treated him on a realistic basis. In this way I had made myself a vulnerable figure, someone he could treat like his mother and could no longer rely on with complete trust. In the treatment of such a patient it seems to me of the utmost importance that the patient at all times conceive of the analyst as the person who expects him to control his own impulses and knows that he can do so, knows that he does not *have* to release them instantly in the somatic symptoms or in equivalent behaviour. In this situation I should have reduced the number of sessions, rather than the fee. Reducing the fee meant to the patient that I did not believe that he could be left to his own devices, and that I, like his mother and brother, feared that he would get sick. He acted according to the formula, ‘ If you don’t think I can control myself, I’ll prove you’re right.’ This was amply substantiated later in his analysis, when he would tell me with genuine feeling that I was part of him, that is, of his mind, and that he could not forget what I had done for him. He explained that I had withstood his sadistic onslaughts which were his way of testing my conviction that he could stop his somatic symptoms just as he could control his behaviour.

The patient left the hospital the day after I visited him, although his doctor had suggested additional blood transfusions and a longer stay. He resumed analytic treatment and his physical condition improved rather rapidly. There was also a definite change in his behaviour and in the quality of his transference feelings after the hospital incident, which could not be attributed merely to the fact that he had achieved gratification of his unconscious needs.

At this stage of the analysis, conflicting feelings about his mother were brought to the fore. She annoyed him very much, she was tactless in exposing him to others, she made demands upon him. On the other hand, she was really the only person who cared for him and paid attention to him, especially when he was sick. At such times, his mother would stay up all night with him, listen to his moaning and complaints, worry about him and indulge him. I pointed out that this was, in some respects, like the analysis, in which I also listened to his complaints; but instead of worrying and indulging him, I interpreted his behaviour, and thus I was only depriving him. Later in the analysis, he told me that he had often been well aware that he used to complain in an attempt to annoy and worry me in the same way that he did with his mother. From her he would get sympathy when he did this. He also explained to me that this was why he had to be so observant of my facial expressions when he was sitting facing me during the session, and had to be very observant of the shade or tone of my voice when he was on the couch. Sometimes he would turn around suddenly, as if to catch me unawares to see whether I reacted in the way he wanted me to, like his mother. At the same time, he was worried that I might react in this way. His mother’s anxiety at such times was to him like a signal to ‘ get sick ’; it meant that she did not expect him to be able to control himself. Each time he convinced himself that I was not disturbed by his behaviour and yet was interested in him and not indifferent, it had a marked therapeutic effect. He needed my confidence in his ability to control his destructiveness in order to regain, or rather to develop, confidence in himself.

The patient now began to complain about the crowded conditions in the house. Since his brother moved back, he had to share a room with his mother. Many things about his mother annoyed him—that he was the baby in the house, and that his mother, particularly, still regarded him as a baby. With his physical condition improved, and bereft of a rationalization for his inability to mix with people, he began to worry about girls. He expressed the feeling that he didn’t know which was worse—to be sick or to worry about girls. His feelings that girls were trying to seduce him and to tease him were interpreted to him as his wish to be seduced, to be passive and to be given something by a woman, but not to give anything himself. In this context he dreamed that his mother was cleaning up the ‘ mess ’ caused by his diarrhoea and bleeding, while he felt dizzy and weak, and threw himself into bed. The association to this dream was overhearing his brother and sister-in-law in intercourse, and a detachment in order not to be aware of it. Brother and sister-in-law in intercourse were the re-enactment of his original primal scene anxiety, and his reaction to it as a child with a loss of control, in diarrhoea.

He brought forth ideas that his mother had not wanted him as a baby, and he blamed her for his illness. He had been an incubator baby and he had fantasied that his mother had left him in the hospital and had forgotten about him until she was notified to come for him. ' I know better now, but this is how I used to think.' Dreams about his mother in which he was running away from somebody with her revealed that he wanted to be with his mother, to be indulged by her and to receive something from her. The analyst is the somebody from whom he is running away because she interferes with this relationship. To have a girl friend meant to him to give up mother and to become a man. Complaints about his mother were ambivalently expressed as a wish to be her child, the sick patient, and a wish to separate himself from her. He was aware of his mother's desire for him to remain a ' baby '. In the three months following his hospitalization, he improved remarkably in health, rising in weight from 100 to 150 pounds; his mother complained that he was getting fat and healthy and had no concern about anyone and paid no attention to her.

As the analysis uncovered his deeply repressed rage, he expressed fears that his temper would lead him to kill somebody. He would say, ' I feel like killing the first guy.' In speaking about his resentment towards his mother because she demanded money from him, he said, ' How else can I get this anger out of me except by diarrhoea? ' ' My mind is drifting away.' He would get frightened like a child and speculated that he was better off with diarrhoea; at least he could ' get even with them right away '. The immediacy and urgency of the psychosomatic reaction is well illustrated here. It is as if the patient feels that postponement of acting out of his feelings is beyond control. He has the costly choice between getting sick or losing control, which equals ' going crazy '. The patient was given this interpretation of his wish to surrender to anything in order to avoid the conscious awareness of such urgent impulses and painful feelings.

By this time, the ulcerative colitis symptoms and the haemorrhoids had cleared up, but a new somatic symptom—headaches—appeared. The patient now had headaches on the way to the analyst, when waiting for her, and at the beginning of his sessions. He dreamed that he and the analyst discussed his difficulties. In the dream we had got to the bottom of the whole thing. He was cured and didn't have to come for regular sessions. The dream was interpreted to him as follows: he wanted to be through with the analyst who interfered with the gratification of his unconscious wishes by exposing them, and thus prevented him from fulfilling them in symptoms. The analyst's head (skill) was the part which interfered most, so that was where he was attacking her. He was killing her off symbolically in his headache. He now had severe headaches in reaction to frustrating experiences and sometimes to dreams. He had a dream in which the proctologist was an analyst; he came to the patient's office, where he got into bed with him for the treatment. This went on for months until the patient finally quit. The doctor said that he was a very sick boy and that it was foolish of him to quit. But he didn't want the doctor to come to his place because people could see him and they would think that he (the patient) was crazy. The proctologist, who had actually manipulated him anally, was a condensation of his brother, with whom my patient had been in bed, and of the analyst with whom the patient wanted to be in bed, and whom he made into a man. After the dream of the proctologist he had a dream in which a girl was brushing up against him. This was a wet dream and was followed by a dream in which he was with his sister and a ' coloured fellow ' followed her. He suggested that she ask the coloured fellow about his intentions. She cried and said that he wanted to attack her sexually. Her brother finally got rid of the coloured fellow. The patient's sexual desire had switched from his brother, Bernie, to his sister. He readily understood that he was the ' coloured fellow ' in the dream. There was one dream shortly after this one to which he had a particularly strong reaction. In this dream, two women were engaged in homosexual lovemaking. The older one was working with her mouth on the younger one, ' almost killing her '. In the dream, he called a policeman to stop them. In telling the dream he breathed very heavily and said, ' I am scared even now.' In association, he related that he had eaten peanut butter the night before the dream. He laughed about the way in which he had pronounced ' pea-nut ', and after a while added, ' I'd kill myself if I ever had such impulses.' He was preoccupied with the abnormalities of women. ' They are all abnormal sexually ', he would tell me. ' They are so aggressive.' Yet he was coming closer to an awareness of his own sexual abnormality.

Feelings of depersonalization increased at times now that immediate somatic acting out of his unconscious fantasies was curtailed, and he would say, ' I don't care, I feel like I am in another world.' After the interpretation of the headache as a reaction to intense unconscious frustration and as representative of instantaneous killing of the frustrating object, the headaches disappeared (7). In the course of the analysis, the struggle for immediate fulfilment and its somatic acting out had changed in method and locale from the bowel to the head, the head being a more appropriate place for it after all.[1] Again when he overheard his brother and sister-in-law in intercourse, he felt nothing at first and then got extremely frightened. In the ulcerative colitis he had acted out his rage instantaneously without awareness. Now, however, he perceived the fear of experiencing the full impact of his feelings, lest he be overwhelmed by them and do something irrevocably destructive.

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[1] The occurrence of headaches as an alternative symptom, together with a change in feeling and overt behaviour in ulcerative colitis patients, has been confirmed recently by George G. Engel. Cf.: ' Studies of Ulcerative Colitis: III.—The Nature of the Psychologic Processes ', *American Journal of Medicine*, pp. 231–256, August 1955.

The precipitating factors leading to the ulcerative colitis after his father's death were reconstructed and understood by the patient in the analysis. He had linked the onset of the ulcerative colitis to a party which he had attended when he was about fourteen years old, and at which he thought that he drank too much. This party was after his father's death, when his balance was already precarious and his course was set in the direction of feminine identification and unconscious passive sexual surrender to the mother and brother. Mother and father had always quarrelled, and the mother had used the patient as a solace in an unhappy marriage. She had been overaffectionate with the boy, hugging and kissing him and calling him sweet names. He had always sided with mother against father. When the father suddenly died, the patient's unconscious guilt feeling precluded identification with the father because this would have meant putting himself in his place, and possessing mother as a man. Since he could not be a man, he had to remain a child or be a woman. In his brother, Bernie, the patient revived his father. ' He is a father to me ', he would tell me. However, he did not rebel against the brother, but submitted passively. He was by nature a rebellious and aggressive, highly strung boy, and it was at the time of his father's death and his submissive relationship to the brother that the change in his personality took place. It was also then that he developed the ulcerative colitis. At the party, he had to drink so that he would not be aware that he did not act like the other boys, and that he was competing with a girl for the attention of his friend, for whom he then had a strong unconscious homosexual attachment.

The patient expressed belated understanding for this period in his life, recalling his feelings when he was teased and baited by the boys in high school. He knew that he was not a coward, and yet he behaved like one. He recalled the rage which he felt and yet he let himself be treated like a girl. ' If I could only do over that period of my life, I'd show them ', he said. ' I want their blood. I could kill them.' In the symptom of bleeding his blood had flowed, while it actually was meant to be the blood of the attackers. On a deeper level, however, he had accepted the female rôle and wanted to be treated as a girl. This too was expressed in the bleeding.

At this point in the analysis he confessed that he had occasionally engaged in the practice of cutting hairs around his anus with a razor blade. This had caused profuse bleeding from the haemorrhoids and had necessitated the hospitalization discussed earlier in the paper. The interpretation that I had given in the hospital, that he wished to commit suicide, was even clearer now. I had also interpreted to him at an earlier phase of treatment that through the haemorrhoids he had expressed his pregnancy and childbirth fantasies with the swelling, pain, and bleeding. Following this interpretation, he had had a dream in which he was in the hospital and a nurse was squeezing his haemorrhoids. He would have preferred that to what I was doing, namely squeezing his mind with analytic interpretations. The proctologist had advised haemorrhoidectomy. To the patient, this had symbolized Caesarean section. The bleeding from the penis, also self-inflicted, had symbolized castration. Now the haemorrhoids had disappeared, as had the pain and swelling, without an operation. He had no ulcerative colitis symptoms, no cramps, no diarrhoea. He had put on weight and felt stronger and better than he ever had in his life. And he still had his penis intact.

At this time in the treatment, he began to talk again about the nose operation. Actually, the wish for rhinoplasty was a recurrent theme in the analysis. I pointed out to him that he wanted an operation, and that it could be performed on the anus or the nose, but that it was really a displacement from the penis to the nose. He said that the only thing that prevented him from going ahead with surgery was the fear that he might not like the new nose. The wish for this operation was really the hope that a transformation into a girl could, in some way, be effected without the loss of the penis. He had a dream in which he was in my office and he experienced pain in his penis. He asked me to pull out a hair which was causing the pain. In the dream, I was preparing surgical instruments and he was afraid that I wanted to cut off his penis. The feeling in this dream was that this was his last session with me and that he would be cured; it fulfilled his expectation that the psycho-analysis would transform him into a girl, and that I would perform this operation on him. In connexion with the patient's wish to be a girl, now becoming apparent to him, he had a series of dreams in which he was buying girls' dresses. In one dream he tried on a beautiful evening gown. He had never acted out in reality his transvestist tendencies. He had always envied his sister. When she had a rhinoplasty he had decided that he would have one too. Shortly before he came to me for treatment he had made arrangements for the operation, but he had then become acutely disturbed and had had a severe exacerbation of the ulcerative colitis.

The patient was under psycho-analytic treatment with me for two years. The analysis was discontinued by mutual agreement, with the understanding that I would see him whenever he needed me. He had postponed the rhinoplasty until the end of the analysis, but now wished to undergo it. We had discussed his motives for rhinoplastic surgery carefully and I felt that I should not object to it, since he wanted my approval. Actually, although his nose was large it was not, to my way of thinking, a disfigurement. He presented himself to me after the operation, and he looked well and seemed pleased and happy.

Treatment ended two years ago, and the patient has now been completely free of the ulcerative colitis symptoms for three and a half years. It will be recalled that he had constantly had these symptoms, with frequent and severe exacerbations, during the five years prior to entering psycho-analytic treatment. However, freedom from the symptoms of ulcerative colitis is not and should not be considered a proof of cure, even if it extends over a period of ten or twelve years, as has happened in some of the cases I have treated. I consider the change in the total personality of the patient and in his mode of living a more reliable indicator of the results of treatment. The patient, in the course of the analysis, in situations to which he had previously reacted with an exacerbation of the ulcerative colitis, no longer produced these symptoms; instead, he developed new ones—headaches. This process was an indication that the unconscious fantasies underlying the syndrome of ulcerative colitis had been made conscious and had been devaluated by the analysis. The ulcerative colitis symptoms proper (abdominal spasms and bloody diarrhoea) had permanently cleared up in the first half-year of the analysis. Towards the end of the first year the patient had started to date girls and had sexual relations with several girls. In his first attempt at intercourse, with a girl who was very kind and helpful to him, he reacted with panic at the sight of the vagina. He lost his erection, and when he regained it because he knew she wanted to have intercourse, he hid his penis from her. ‘ She was so pretty with her clothes on ’, he said to me.

There has been a basic change in the patient's relationship with his mother. He does not want her to caress him and call him pet names any more. He has even assumed some responsibility for her, and he considers this a very significant development. His brother, Bernie, now lives in a different state. After Bernie moved, the patient lived for a while with his married sister and his mother, but after a short time he decided to live with friends in his old neighbourhood. At the close of the analysis he felt that he was now ready for military service from which he had been twice deferred while undergoing treatment. He was found to be in good health and was inducted into the Army. At the re-examination, which included X-rays after barium enema and sigmoidoscopy, the final comment upon his condition was, ‘ This is not the same fellow we examined two years ago.’

Comments on the Dynamics of the Case and of the Treatment

The use of the psycho-analytic technique, as demonstrated in the treatment of this patient with ulcerative colitis, was predicated upon my conviction: (i) That the patient can and should be made aware of the impulses which are released gradually from the unconscious in the process of devaluating the somatic symptoms; and (ii) that, through the support of and relationship with the analyst, the patient can learn to tolerate and to cope with these impulses consciously and can give up the psychosomatic symptoms without developing psychotic reactions. Only a psycho-analyst who has gone through such an experience with an ulcerative colitis patient, and has convinced himself that the patient can relinquish his somatic symptoms when he has a real motive to do so, will be able to analyse and to effect a cure of such a patient. It seems to me that any other form of psychotherapy not only does not cure such a patient but actually militates against recovery. This is so because non-interpretative psychotherapy only reinforces the patient's feeling that his illness is beyond his understanding and control and that he can become a victim of it at any moment. The psychotherapist who fears to arouse the repressed impulses from the unconscious is faced with the dilemma of not adequately treating and not curing the patient in order to avoid the risk of releasing the psychotic elements inherent in the illness.

It follows from the views expressed above that the anaclitic type of psychotherapy (3) is inadvisable because it encourages the regressive tendencies of the patient and makes him inaccessible to psycho-analytic treatment later, in the sense that it has been described in the case material presented here. Anaclitic practices, such as the therapist preparing and administering meals to the patient, being available to the patient at all times, and relaxing controls with no limits set and with a minimum taxing of the patient, represent a repetition in the therapy of the grave mistakes made in the earlier life of the patient. Again, the patient is accepted and rewarded when sick and rejected when well, this time by the doctor, just as he had been by his environment, especially the mother.

Some analysts believe that it is advisable to postpone psycho-analytic interpretations until the patient loses his somatic symptoms. This view, in effect, says: ‘ When you are sick I'll be good to you and spare you, and when you are better I'll give you interpretation and painful reality, where you will discover the truth about yourself.’ In this type of treatment, the patient, who is already fighting a losing battle against his infantile strivings, is only encouraged to regress.

Where is the motive for reality and health in this indulgent and narcissistically gratifying type of treatment? The reward is tremendous when the therapist, like the mother, gratifies the ‘ sick ’ wishes of the patient. There can be no growth in this type of psychotherapy, only a shift in dependence from mother to therapist. This was precisely what happened with my patient when I reduced his fee. This gesture, instead of reassuring him, provoked intense anxiety and resentment, because it meant to him that I wanted his lifelong dependence upon me and his compliance with my wishes, as did his mother and brother. The acute aggravation of his condition and the veiled suicidal attempt (bleeding from the cut haemorrhoid) was his rebellion against the analyst.

Psycho-analysis does not reward the dependence of the patient in the way that the mother or mother-substitute did originally, and as the therapist does in the anaclitic form of psychotherapy. Psycho-analysis, rather, helps the patient to form a new object-relationship with his analyst, and the analyst's support enables the patient to tolerate his pregenital impulses consciously without being overwhelmed by them (as in a psychotic break), and thus restores to the patient the energies for later sublimation (10). The choice does not have to be between ‘ sick ’ and ‘ crazy ’. It is possible to prevent a psychotic break in the treatment of a patient with ulcerative colitis by a genuine separation of the patient from the object to which he has been tied in his illness. For the analyst to assume the rôle of an omnipotent parent is very dangerous, because it means to play in with the patient's need for omnipotence, and his need for projecting the responsibility for his behaviour upon the analyst.

It is my belief that psycho-analytic treatment prevented a psychotic break in my patient at the time of his brother's marriage. When the love object, the brother, had abandoned him, the patient felt that he was losing his motivation for playing along as the sick person. In the ulcerative colitis, the patient could gratify his passive and feminine wishes. He could play the rôle of the girl for his brother and that of the little child for his mother. At the same time, he could release his aggressive and destructive impulses instantly in the spasms and diarrhoea. At the time of his father's death, the patient was suddenly forced to restrain his ill temper against his brother in order to assure himself of his brother's love. He actually had to give up his personality in order to create this relationship with his brother. When it was no longer worth while to repress the aggression, since he had lost the love object (when the brother got married), the patient alternated between devaluation and elimination of his brother in an exacerbation of the somatic symptoms, and giving way to his disappointment by relinquishing reality. This is a critical phase in the life of such a patient when, through the loss of the love object, the psychosomatic object-relationship which served to maintain the psychic equilibrium is suddenly altered.

In the ulcerative colitis and the haemorrhoids he had acted out somatically his wish to be a girl and to engage in her functions—swelling, bleeding, and expelling. Strong castration wishes were acted out in injury to the penis and displaced on to the nose. He was somatically acting out his anal birth fantasies by excreting faeces and blood through the anus. Diarrhoea and bleeding were also the ways in which he was separating himself from his mother (the original love object) as if he were squeezing her out, instead of her squeezing him out, as she did when he was born. Thus he was reversing and undoing the trauma of birth. Such wishes and fantasies had to be denied, since their breakthrough into consciousness could have led to frank psychotic behaviour.

The patient's fear of loss of control and of being overwhelmed by his perverse impulses, engendered his feelings of depersonalization. In the psychosomatic object-relationship, the ambivalently loved object was over-evaluated and became indispensable to the patient in reality, while devaluation and separation took place in the somatic symptoms. On several occasions in this patient's life, when he felt abandoned and was ready to give way to his rage and disregard for the disappointing love object, the psychosomatic object-relationship came very close to changing into a psychotic object-relationship (9). It was particularly in this area that immediate psycho-analytic intervention proved most successful and prevented the patient from having a psychotic break. The outcome refutes the still prevalent idea that psycho-analysis is inadvisable in such a case.

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TWO TYPES OF PREOEDIPAL CHARACTER DISORDERS

By

ISIDOR SILBERMANN, M.D., New York

Two groups of preoedipal character distortions are to be considered here: (*a*) those with autistic tendencies; and (*b*) those with symbiotic tendencies. Using the ego as our point of departure, these two groups of preoedipal character disturbances are contrasted with Kanner's autistic infantile and Mahler's symbiotic infantile psychoses.

All the disorders referred to have their source in the ego nucleus. Nevertheless, its involvement in these infantile psychoses is quite different from that in the preoedipal character disorders.

It may be assumed that the ego nucleus has its origin in the innate aversion to stimuli, that is in the stimulus-barrier. Since stimuli cannot be reacted to in the absence of perception, and since we must therefore assume that the stimulus-barrier is dependent on perception, we must postulate, *a priori*, the existence of a primordial perceptive system. Further, we must postulate in the ego-nucleus the retention of primordial reactions to stimuli, in the form of residual memory traces.

Without such postulations, the development and growth of the ego nucleus become vague concepts that cannot be manipulated for constructive purposes. They are, however, definitive realities, as real as the ego nucleus itself, whose many functions were systematized at some early period of human development and then transmitted from generation to generation as the matrix of the ego, or, according to Hartmann, as the autonomous part of the ego.

The ego nucleus includes many autonomous factors which encompass the faculty of perception, the aversion to stimuli, the primordial memory, and the functions of primitive differentiation and synthesis, and of self-preservation, as well as the inhibitory functions. It also comprises the basic function of transforming, taming, and binding the drive energies. Freud's concept of delibidinization has reference to these processes. Hartmann, Kris, and Loewenstein speak of the neutralization of the drives.

Freud was the first to conceive of the ego nucleus as historically determined, embracing, in the form of autonomous factors, the experiences and reactions of our progenitors, the subsequent trends of development, and the primal congenital ego variations.

The development of the ego proper depends on (i) the innate autonomous factors, (ii) the instinctual drives, and (iii) reality. The energy for the activation and continuous functioning of all these factors is derived from the instinctual drives, which for this purpose must be transformed, bound, and tamed, or neutralized.

If the activation and growth of these autonomous factors depend on the neutralization of the drives, then we must assume that neutralization, which is the process of transformation, taming, and binding the drive energies, is one of the earliest tasks of the ego nucleus. Thus if a disturbance of its anlage appears, the process of neutralization will be found wanting and in consequence will cause a defect in the developing ego nucleus, and *ipso facto* in the ego itself.

To neutralize, then, means to render innocuous the undesirable and potentially toxic properties of a substance. In the case of the ego nucleus it means to deprive the drives of their id attributes. The transformed and tamed drives, however, do not become undifferentiated. They do not reappear as identical neutral energies. Rather, they retain specific propensities. In the ego, for instance, we find tamed and sublimated libido as the organizing force, the synthesizing power in various forms, the energy responsible for the secondary process, particularly at that point where conflicting elements must be reconciled (Nunberg).

To formulate this concept in another way, tamed and transformed—neutralized—aggression appears in the ego in the guise of differentiation, abstraction, censorship, inhibitory function, and defences.

The primitive ego nucleus with its many diversified functions affords much room for disturbances of various kinds. There are innumerable permutations and combinations which may result from improper functioning, faulty distribution of energy, inadequate or inefficient neutralization of the drives, inadequate synthesis, and defects in the anlage of the motor and sensory apparatus. Developmental disturbances of the drives might also tend to bring about difficulties in the necessary process of transforming, taming, and binding the id drives. These inadequacies in the structure may, according to Anna Freud, explain many childhood illnesses which cannot be predicated solely on the assumption of failure in object relationships due to a rejecting mother figure.

A properly developing ego nucleus guarantees, so to speak, proper neutralization and the development of a healthy ego; a defective ego nucleus produces the reverse. It causes an invasion of the ego by an excessive amount of untamed and untransformed id drives, resulting in a distortion of the personality, with consequent faulty adjustment and adaptation, failure of discrimination, inadequate conceptual development, and so on. It is a vicious circle, for the defective ego nucleus creates a defective ego, and a defective ego must fail in its destined aim to bring the autonomous functions of the nucleus under its control. This failure, in turn, must retard the growth of the ego.

The *sine qua non* for the very life of the foetus is its parasite-host relationship, its intrauterine symbiotic and anaclitic clinging to the mother (H. Deutsch). After birth, which forcibly interrupts this unity, the early infantile phase is characterized by vague and primitive perceptions, wild and seemingly aimless and futile motions, and crude, indiscriminate defensive reflex actions in the form of violent eruptions which could easily cause an overflow of discharge reactions and affect motor storms. If not relieved, they may lead to organismic distress, semi-stupor, or even death (cf. Greenacre, Mahler, and Ribble).

The newborn infant needs complementation for survival, which is achieved by the psychobiological rapport between the nursing mother and the child or, we might say, by a continuation of symbiosis (Mahler). The power of the enormous symbiotic wave which arises at birth does not lose its strength immediately after birth, but continues its impact far beyond childhood, an impact which at times may become overwhelming. It is a reasonable assumption that the infant could not survive the trauma of birth if the intrauterine real symbiosis were not replaced by an extrauterine social symbiosis.

It is difficult for any individual to overcome his symbiotic tendencies. Great effort at maturation is required for the child ultimately to become independent in all directions. Without external stimuli, he would prefer not to extend his horizons, not to withdraw from the protective maternal fold. The conscious perceptual system, according to Freud, must be progressively cathected in order that the self may be developed and supported step by step.

The child must span the tremendous gap between himself and the outer world, for which purpose he uses his mother as a kind of extended arm. Out of his symbiotic unity with her, he slowly proceeds from the limited mouth- and body-ego to the almost unlimited establishment of his developing and maturing ego (W. Hoffer).

This transition is often slowed down by the reactions and attitudes of some mothers who feel that the baby's body belongs to them (Anna Freud and Dorothy Burlingham). In such instances the recognition of a non-ego is delayed, the child remains imprisoned in a delimited sphere, continuing in an undifferentiated state for a prolonged period of time, and presenting a low stimulus tolerance. Should he, however, successfully avoid these pitfalls, his ego will gradually develop into a system for dealing with various stimuli through new techniques of testing and adaptation. This development is brought about by energies made increasingly available to meet ever-changing demands for unimpeded functioning.

During the period of secession from the mother-child unity, children are extremely vulnerable, particularly those with serious pathology of their somatopsychic symbiosis (A. Freud, Greenacre, Hoffer, Mahler, B. Rank, and Spitz).

Since we know that a prolonged infantile symbiosis also plays a considerable role in primitive groups (Mary O'Neal Hawkins' observations of the Navajo), it may be conjectured that symbiosis is most powerful when man and society are young, but gradually loses potency as each grows older.

Assuming that symbiosis is an expression of the Eros, we may infer that its unifying force operates in the foreground at the beginning of life, but as the years advance slowly fades into the background.

The mother-child bond may be pathological for various reasons, such as inherent structural defects of the ego nucleus, delayed maturation, environmental damage, pathology of the mother, or the like.

If pathology is the result of only a minor deviation in the nuclear function, indicated by too prolonged clinging to, or too abrupt severance from the mother, environmental influences may partially compensate for this and lead to at least some measure of normal development (Anna Freud, Hartmann, and Kris). On the other hand, a minor deficiency may be severely aggravated by inadequate maternal care or a pathological mother.

A major ego nucleus defect, however, predisposes a child to remain disturbed—either estranged in his relationships, or over-persistent in his symbiotic cravings—a point well illustrated by Kanner's Autistic Infantile and Mahler's Symbiotic Infantile Psychoses.

The Kanner child has no affective awareness. He never seems to have perceived the mother emotionally as the representative of the outside world, nor does he respond to other objects in the world around him. He is withdrawn and remains severed and alone. B. Rank and MacNaughton describe him as having a featherweight quality, lacking body contours and body substance. He does not seem able to overcome the separation from the mother, and the trauma of severance initiated by the birth seems to persist. His instinctual drives are apparently unchanged, only slightly transformed and tamed. Thus they cannot be utilized for the proper functioning of the ego nucleus, or in consequence for the development of the ego.

The Mahler child shows a marked mother-infant relationship, but does not advance to the stage of object libidinal cathexis of the mother. In Hoffer's words, the child is unable to replace ' the milieu interne by the psychological object'. L. Bender speaks of these children as melting in one's arms. They are mostly ' cry-babies', oversensitive infants, whose brittle egos are easily cracked by separation anxiety.

The autistic psychotic child remains a stranger to his mother. But the symbiotic psychotic child continues as a parasite. Since his ego nucleus seems less severely damaged, the trauma of birth is more successfully coped with, and his drives, particularly the aggressive drives, are somewhat more favourably manipulated. However, the functions of neutralization, differentiation, and synthesis show obvious defects, and thus serious ego distortions are foreshadowed.

These defects and distortions are likely to bring about disturbances in the proper fusion of the aggressive and libidinal drives. We encounter in such individuals certain confusions as to love and hate, sexuality, identity, the perceptive and reasoning processes, and the cathexis of the self and of objects (Edith Jacobson).

It seems clear, from this point of view, that the bisexual conflict is not the immediate cause of the psychotic breakdown (as Mahler assumed), but is one of the consequences of a structural defect of the ego nucleus. Another consequence of this defect is the ambivalence which is so outstanding a feature of these patients.

It is appropriate now to describe two types of patients who present severe and sometimes frustrating problems in our psycho-analytic work. The analyst not infrequently encounters patients whose progress, after some degree of forward movement, reaches a plateau and remains inert over long periods. Such patients are not necessarily psychotic, but show odd features which may tempt one to make inaccurate diagnoses, such as borderline case, dormant simple schizophrenia, even pseudo-schizophrenic neurosis, unclear mixed neurosis, psychopathy, and so on.

These patients may manifest acute anxiety, phobias, obsessive-compulsive symptoms and character traits, and bisexual confusion which vaguely suggests what Greenacre has termed ' bodily hallucinations of a bisexual nature', and depressions, passivity, and marked ambivalence. They either crave attachments which they cannot quite manage to achieve or sustain, because their attempts are half-hearted and unrealistic, or they antagonize the very people they wish to attract. They are cognizant of the fragile nature of their relationships, and they are frequently aware of the ambivalence of their attitudes, which are in part full of longing, in part hostile. They are also aware of their sexual disturbances, which may appear as tendencies toward perversions, homosexual inclinations, ill-conceived identifications, sadistic and masochistic desires, impotence, and so on.

There is an impression of vagueness, as if a thick layer of insulation surrounds them. Somehow they appear unfinished, infantile, and emotionally immature. While frequently successful in their occupations, and at times even outstanding, they betray the presence of effective barriers in their thinking, in their ability to advance from the concrete to the abstract, from the personal to the general.

Nothing seems to have validity unless they can relate it directly to themselves. They resemble spiders who are unable to move freely except within the confines of the webs they themselves have spun. There are no hallucinations, delusions, ataxic, chaotic thinking, or disruptive functions. Sublimations seem more pseudo than real, and are similar to the character traits—not autonomous in the sense of Hartmann's secondary autonomy, but clearly defensive in nature. The ego shows clearly delineated defensive measures solidly cast in cemented character traits.

A deficiency of synthesis as well as of differentiation is visible. In consequence, we are confronted with inadequate integration into the gestalt. This inadequacy manifests itself also in the failure to incorporate the various ego parts into a functional unit (Hartmann), or to phrase it differently, into the ' gestalt of the ego'. It is considered normal to be possessed of one personality instead of many. The reasoning, the defensive, the social, and the organizing ego are not intended to lead independent lives, but must be synthesized into a workable whole. These patients seem somehow to be composed of isolated parts, reminding one of an orchestra whose individual instruments, though played beautifully, are not integrated into one harmonious whole.

People like these apparently were born with an ill-equipped, undeveloped, inadequately prepared ego nucleus, which makes them unduly sensitive to environmental influences. They face life as though they were in a state of semi-liquidity and have no choice after birth but to flow into the maternal mould. Since their disturbance is not too stormy, it can be compensated, and they may be piloted into calmer channels if they are fortunate enough to be the children of parents who are able to handle them wisely, and with whom they can identify successfully. If, however, their lives are encircled by clinging, possessive, infantile-symbiotic or indifferent, sadistic, infantile, self-centred mothers, this deficiency is likely to be augmented.

These patients may be divided into the two major classes of preoedipal character disorders being dealt with here. The two groups, though possessing many features in common, are actually unlike. Because they bear resemblance to the two infantile psychotic types, I have labelled them: (*a*) preoedipal character disorders with autistic tendencies, and (*b*) preoedipal character disorders with symbiotic tendencies.

A patient from each group is described in the following section, viewed from the vantage point of the ego. Both cases were severely traumatized in early childhood. However, one responded by withdrawal and limited interest in his environment, the other by too intensive and prolonged dependency. Both patients showed much faulty object-cathexis.

I. The first type, the character disorder with autistic tendencies, is exemplified by a brilliant young student who came to analysis because of depression, inability to concentrate, and failure to achieve or sustain any genuine attachment for people or objects.

Investigation disclosed an abundance of obsessive-compulsive symptoms and character traits, sadistic and masochistic as well as oral and anal fantasies, hypochondriacal fears, mild phobias, and homosexual and feminine cravings. His masturbatory fantasies centred around beatings and enemas, with painful and pleasurable extension of his body. He felt that his penis was rudimentary and he himself passive and feminine. To others, however, he wished to appear tough and vulgar.

Regarding his relationships with people, ever since childhood he had lived a quasi-tangential existence, precariously on the verge of social contact with people. He felt himself to be a lonely person, with only shallow ties. From time to time he would make timid excursions into the outer world, but, alas, these half-adventures inevitably ended in failure. At such times he appeared eager yet cynical, arrogant and aggressive. He had erected an impenetrable wall of isolation about himself. While he did not feel persecuted, considering no one hostile to him except himself, he fantasied that he was unwanted by the more fortunate ones.

The patient was still an infant when his father became seriously ill and died. The mother occupied herself exclusively with the business of providing for her distressed family, and surrendered her infant son completely to the care of his grandmother. At first the child rebelled, his rebellion taking the form of restlessness and crying. Soon, however, he changed into a passive, remote, and seemingly undemanding baby.

The grandmother forced food, toilet training, and enemas upon him. She handled him roughly and did not permit him to play with other children. She surrounded herself as well as him with a thick layer of insulation designed to render futile any attempt he might make to become part of the world. His mother was home only at night while he was asleep, and the atmosphere was like that of an underground dwelling—devoid of sunshine, warmth, or gaiety. He soon feared people, he feared the human touch lest harm come to him, he feared sleep because dreaded nightmares came to haunt him.

In school he was always a good student, well-behaved but shy and fearful, a passive rebel and an effeminate boy. Yet from time to time he would unexpectedly lunge out of his shell to strike another child. He felt neither personal hatred nor enmity, but was driven by a retaliatory passion against the world at large, as he himself expressed it. This impersonal hostility remained with him until maturity. In college he selected non-competitive pursuits, put reason to work, and kept his feelings under lock and key. Given to mechanical thinking unimpeded by any personal emotional involvements, he was able to maintain this tightrope equipoise as long as his attitude was not challenged.

At an early age anal fantasies of enemas and beatings erupted. He imagined himself over-powered by his mother who, with endless ingenuity, forced variously sized enemas into him. In turn, he fancied himself employing the same devices on other children, outdoing his mother in violence and his grandmother in aggression.

His dearest wish was to be left alone, for in his mind seclusion represented security. His own words portray his symbiotic longing, as he tries to describe the reasons for his withdrawal from life: ' I want to live in darkness and seclusion. Then no light will hurt me, no harm will come to me. I belonged from birth to the untouchables. I was isolated and neglected, and treated with viciousness; and I'm destined to bear the curse of my life, to be a stranger to the rest of the world. There is just one thing for me to do. I can only wither away since I am cut off from the real and the giving."

The patient was a sad-looking person, shy and fearful, who glanced at others only through the corners of his eyes. None the less, he was keen minded and argumentative. As a child he watched children at play, but always on the fringe, never as a participant. As a grown-up, too, he remained on the periphery, viewing people with the eyes of a forlorn child peering through a Christmas window. When invited to join in, he would run away, trembling with fear. Although he longed to change, he seemed unable to shake off his inhibiting fetters. In other words, he could not visualize himself as accepting, acceptable, or accepted.

He envied people and begrudged them their good fortune. He persisted in his uninterrupted pattern of severance, and although he had proved himself a brilliant student, he began to neglect his studies and was ultimately dismissed from college. At work he was so uncooperative and obstructive that he was discharged, and in his analysis he was endlessly provocative, as though he aimed at being punished and rejected. Although he was obviously well educated and artistic, the impression he left with people was that of an ineffectual, unsubstantial, vague kind of personality, unpleasantly aloof.

He was apparently unable to advance to an adequate level of integration. For instance, when he thought of a woman, her breasts and buttocks would be sharply defined, while other parts of her body remained blurred. Also, he never entered into any undertaking as a whole, but only piecemeal, attacking each step as he came to it. It was impossible for him to plan or even visualize the whole procedure from the outset. This weakness, however, was easily concealed from others, since his work performance in its end result was generally satisfactory.

During the course of his analysis he often felt compelled to make remarks which he himself recognized as being silly and unrealistic, to the effect that he was surrounded by enemies, or that he was unable to trust his mother, or his analyst. Although he said he knew he was being irrational, he still found it necessary and proper to guard himself against unpleasant surprises by freeing himself of any and all emotional involvements. Aimless existence was his chosen destiny. He said he was aware that he ought to change from his ' old self '. Yet he wanted somehow to remain unaltered, to retain the familiar intonation of his voice, the processes and content of his thinking, etc. In relation to the rest of the world, he preferred to remain the outsider whose ideas roamed freely in the sphere of the simple, the limited, and the not too definite. He preferred to remain antagonistic to the world, to his family, to the analyst's knowledge, as well as to the analyst's attempts ' to stuff things down my throat '.

Interpretations, he said, made him sick. They provoked trembling and suspiciousness. At the same time, he expressed great delight with his analysis to which, he assured me, he was eager to contribute as much as he possibly could. There was constant vacillation between the wish to be a full participant and the urge to hold himself aloof. Whenever he became cognizant of the desire to advance, he would at once retreat.

Immaturity and infantile attitudes enchanted him, and he found no real enjoyment in making progress. He preferred masturbation to intercourse, boasting, ' It's so easy and pleasant to masturbate to the tune of enemas '.

For quite a while his analysis represented to him the state of being gorged with huge amounts of enema fluid which made him feel replete and satisfied, yet fearful and imperilled at the same time.

Similarly, the patient's profuse reading and study merely served to help him accumulate more and more knowledge which remained, as it were, in the ' rectum of his brain '. This unrelated and useless mass of knowledge was not synthesized or integrated, but lodged, compartmentalized, in the back room of his mind. His studies were a mixture of pleasure and pain, like his enemas, and like his analysis.

He was in a constant state of bewilderment, utterly unable to determine whether what his mother, or his teachers, or his analyst, or anyone offered him was to be considered good or bad. Hence he craved and he feared simultaneously. The maternal breast was visualized with confusion and despair, never appreciated as something gently and affectionately inserted in his mouth, but rather as something like an enema thrust violently into his anus. There was total confusion about these two portals of entry. Thus good food, a symbol of love, became obnoxious and poisonous.

For short periods he would feel that the analyst resembled a giving and propitious mother whose words were soothing and enriching. Before long, however, he would convert the analyst's words into suspicious, hostile statements. Gentleness merged into attack. He felt that instead of comforting sweet milk, freezing anal food was being given him. He recalled how his grandmother forced food down his throat ruthlessly, stuffing him as if she were a witch intent on ultimately devouring him.

In dreams he repeatedly saw the figure of a child compelled to submit to an enema. The tube broke and the damaged portion was pressed into his mouth, stopping his breath. In many dreams he saw himself in great danger. Once he dreamed he was swimming in a pool surrounded by sea lions which suddenly attacked and destroyed each other. In this dream he himself was a kind of sea animal who, though he remained unharmed, could not extricate himself from the bloody water and the filthy mess.

Not only was he a vivid night dreamer, but he also had prolific daydreams. These centred mostly around his preoedipal wishes and his oral and anal sadistic desires and frustrations. His defences were rigid and limited, and they were firmly embedded in obsessive-compulsive oral and anal character traits. He was replete with ambivalence, betraying bisexual confusion, pregenital sexuality, excessively concrete thinking, and a totally immature personality.

There is no doubt that this young man's ego development showed a patent flaw. Since it is a feature of the immature ego state not to possess a proper sense of proportion and to be incapable of evaluating and judging correctly, it is not surprising that everything in which his emotions were involved was out of focus. Many years ago I described similar phenomena during the period of ego reconstruction in patients recovering from coma.

II. The case that illustrates a preoedipal character disorder with symbiotic tendencies is represented by a man of 34 who had been plagued by phobias of various kinds for many years, and was unable to ride on trains, cars, boats and the like. He also presented numerous obsessive-compulsive features, hypochondriacal symptoms, depressed moods, and acute anxieties concerning his potency, health, sexual identity, and so on.

He was markedly ambivalent, submissive, shy, and over-flaccid in his relationships. On the other hand, he was not unaggressive in his studies and work. At college he had been an outstanding student and was highly esteemed in his professional work. Although he had many acquaintances, his relations with them were casual or at best tenuous. His friends often complained about his childishness and recognized in him some lack of ' rhyme and reason '.

He seemed to be joined to his mother by an elastic band which permitted him a certain freedom, but drew him back whenever he attempted to stretch its tether too far. Panic would then drive him quickly to close protective shelter. The mother controlled his life by deciding what was good and what was bad for him. He could not have any wishes of his own. As a youngster, he had not been permitted to play with other children, or to ride a bike, or travel on a train or in an automobile because of the possible danger. Later on he was allowed to make use of a trolley car, but only after his mother had given him her blessing and muttered her admonitions and magic formulas.

He was kept under constant surveillance. His temperature, pulse, breathing, eating, and bowel habits were scrutinized as if he were in perpetual danger. His mother maintained that he always looked sickly and pale. She would put him to bed even when there was nothing really wrong, immolating him in blankets and hot water bottles until he felt he was melting away and losing his identity. She persisted in bathing him through his adolescence, subjecting him to sexual stimulation and seduction. He was her exclusive property, to such an extreme extent that she considered her second child an unwelcome intruder who had been thrust upon her against her will.

In school the patient never rebelled or protested but was always ingratiating. Since he was too timid ever to be intrusive, he was universally well liked. In fact, he was intolerably the good boy, the picture of a well-behaved, shy, unaggressive, model child, who by some trick of nature had emerged a boy instead of a girl, as he himself put it.

Since his father was a somewhat crude person, the mother felt even more justified in hovering protectively over her son. She considered it necessary, until he was almost 16 years old, to sleep in the same bed with him, her body in close proximity to his. Tortured by the desire to have intercourse with her, he would press his erect penis against her buttocks. Incidentally, like the previous patient, he too grew up under the relentlessly protective pressure of laxatives and enemas.

The patient remained unmarried because he felt his mother would languish if he left her, and also because he never felt secure enough to tear himself away from her grip. Women were attracted to him because of his gentleness and unaggressiveness, and many wanted to marry him. He escaped from their toils, however, most skilfully, returning each time to Mama. In his sexual relationships he was passive and impatient, an ever-seeking and unsatiated Casanova.

This patient was a tender, friendly, submissive ' goody-goody ' who felt dependent and in need of direction and support. He rarely argued, but was usually quick to agree. He was considerate and faithful to his friends. He found it extremely difficult to be alone, and in his need for people he clung to them as to a lifeline. Aggression against anyone was alien to him. Yet in spite of all these virtues, there was an intangible something in the interplay between him and his world that gave the impression of unreadiness, insulation and unnaturalness; and more of a forced than a spontaneous charm. He, like the other patient, was aware of being out of tune and claimed he was most eager to change his ways and free himself of his symptoms.

He described his mother as an immature person, eternally possessive, one who had never given him a chance to grow up as an independent human being. He was not able to break through the protective symbiotic net in which he was caught and which prevented him from becoming integrated into a mature person. He showed a marked tendency to concrete thinking, and was given to magic beliefs, superstitions, and generalizations. He was ambivalent and bisexually confused, and possessed many oral and anal characteristics.

At first glance, both cases might suggest obsessive-compulsive character disorders. However, closer observation shows our two patients to be people with strange and faulty object relationships and with inadequate personality integration. Patient number one was severed and alien—a constant seeker after loneliness, an ardent preserver of his tangential existence and his antagonistic isolation. Patient number two was a clinging, immature ' tentacle character', who dared not leave the maternal fold and free himself from his mother's magic power, and who in like vein aimed to remain a termless patient forever nursed by his analyst. Patient number one seemed daringly to challenge the world, rejecting all closeness and attachment. Patient number two submitted endlessly to people whose energies apparently propelled him to better functioning.

The *autistic character disorder*, symbiotically starved, may be likened to an immoderate anal system; the *symbiotic character disorder*, symbiotically overfed, to a large open-mouthed stomach eager to receive and never filled to satisfaction. Or, in ' libido-stage ' language, patient number one seems to be a faecal mass, unworthy, lifeless, and detached, like his dead father; whereas patient number two is swallowed up by his mother into whose ' innards ' he fits as into a mould. (The ' as if ' cases reported by H. Deutsch do not tally with the descriptions of the patients depicted above.)

The analysis of the autistic-like patient was far less rewarding to the analyst than to the analysand. Although he improved, his total structure underwent no markedly perceptible alteration. Reconstruction of his childhood was inadequate. Because of his diffusion, a systematic development could not be achieved. His masochism prevented his being successful, and his aggressions converted favourable factors into destructive and disturbing elements.

The symbiotic-like patient, on the other hand, with his passive, yielding attitudes presented much less difficulty, and the results obtained were much more favourable in all respects. However, he too could not totally free himself of his clinging mechanism. Although his overt symptoms disappeared, they left a residual shadow. From time to time he obsessively brooded about them. His pathological defence mechanism remained for a long time securely anchored in his character traits.

The persistence of these patients in their pathology, their cathectic fidelity (to use Freud's term), their inability to part with anything belonging to them, the adhesiveness of their libido (as Freud reported in *Analysis Terminable and Interminable*), their clinging to their symptoms and irrational behaviour, and to their dependence and isolation, are apparently due to an abnormal utilization of the libidinal drive which, improperly tamed, transformed, and bound, retains too much id quality, thus causing a disturbance of the synthesizing functions of the ego. These patients seem to fear that relinquishing anything belonging to them, including symptoms, might lead to a disintegration of their painfully maintained selves.

In summarizing, I shall try to differentiate the two main groups, the infantile psychoses on the one hand, and the preoedipal character disorders on the other.

We may surmise that in both infantile psychoses there is a marked *defect* in the ego nucleus with failure in the necessary process of transforming, taming, and controlling the id properties of the drives. As a consequence, the drives are precariously and insufficiently 'de-id-ed'. As previously pointed out, I hold that the task of initiating the process of neutralization is one of the most fundamental, and one of the earliest functions of the ego nucleus.

In the autistic psychotic child the nucleus apparently has very little 'de-id-ed' energy at its disposal. This causes the aggressive destructive forces of the id to become dominant and persist after birth in their unmodified role. It would seem as if the libido, having found its position hopeless and untenable, had surrendered it. The child remains severed from his environment, and if maternal care is not imposed upon him, he withers away into semi-stupor and even death. His ego does not develop to any extent, nor does it show any power against the downward thrust of the aggressive drive.

For the symbiotic psychotic child we may assume a somewhat less disturbed and disabling condition. Libido is available in greater proportions, tamed, transformed, and bound to a larger degree, thus balancing to some extent the potency of the aggressive drive. However, since insufficient amounts of drive energies are thoroughly neutralized, the formation of the ego nucleus is abortive, and its functions weak and unstable. Although the birth trauma carries less disaster, the newborn child needs an abundant supply of maternal libido for its growth; and it can continue to thrive only if the intrauterine parasite-host relationship is replaced by extrauterine long-lasting symbiosis of mother and child.

A successful contest between the libidinal and aggressive drives, a state of equilibrium, adequate regulation and fusion—these cannot be achieved without a well-functioning ego nucleus, which, however, cannot develop without proper neutralization of the instinctual drives. Therefore to deprive a part of the drives of their id quality and transform and prepare them for the ego functions is essential at a very early stage of life. We may surmise that one of the first steps in the formation of the ego nucleus is precisely this process of neutralization or transformation of the drives.

This process, I assume, has its origin in the sexual drive. Thus, if there is a defect in libido endowment or its anlage, neutralization or the process of 'de-id-ing' must be defective if it does not fail altogether. One might imagine that for this process to secure its initial impetus a part of the sexual drive is transformed, if the analogy is permissible, into a kind of psychic enzyme which after its formation keeps the process going. The assumption would appear to be justified that the transformation and taming of the aggressive drive must be undertaken initially and that its modification must be of greater scope and intensity than the alterations of the sexual drive. This assumption is based on the very nature of the aggressive drive.

It may be said that these pathological pictures of defects in the ego nucleus imply a chain reaction, commencing with libido defects and disturbances. Expressed somewhat differently, a dysfunction of the sexual drive precipitates the basic trouble.

Regarding the second main group, the preoedipal character disorders with autistic or symbiotic tendencies, we might assume a disturbance of the ego nucleus only in the sense of a *deficiency* due to a delay, in whole or in part, in the process of transforming, taming, and binding the id drives. These children at birth are not quite ready, and have not yet attained sufficiently adequate maturation of the ego nucleus to cope successfully with life's excitations. Their equilibrium is too precarious, and too labile.

We may further say that the infantile psychotic child, being constitutionally damaged, does not possess the wherewithal to create an ego capable of functioning, whereas the preoedipal character disorder child, being equipped merely with an immature and developmentally delayed ego nucleus, will, if unfavourably exposed, develop an immature and incompetent ego.

Translating our concepts into physical terms, we might say that the normal infant has achieved a state of semi-solidity. The character disorder child, however, is in a state of semi-liquidity.

The character disorder child with his still 'fluid psychic substance' flows into the proffered mould and assumes the form and shape of his parents, particularly his mother, and pathologically identifies and surrenders to the love object (A. Freud). His development and psychic configuration will depend for ego complementation on the care-giving person.

Schematically expressed, where the mother's personality plays into the hands of his aggressive drives, he will become an autistic character, or conversely a symbiotic character, where the libidinal forces are favoured. In other words, if the mother's aggressions are added to his, the precarious balance will tend toward the aggressive autistic position. If she adds her own clinging symbiotic tendencies to his, a symbiotic distortion will result.

We may anticipate that this type of disturbed child, if wisely dealt with by a loving, balanced, and mature mother, will stand a good chance of attaining, even though belatedly, a reasonable degree of maturation and a state of relative well-being.

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OBITUARY

ERNST KRIS

1900–1957

In the early hours of 27 February Ernst Kris died at his home in New York, leaving behind his wife, Dr. Marianne Kris, and two children, a graduate and a student of medicine. His distinction in two fields, that of the history of art as well as that of psycho-analysis, has been recognized far beyond the closer circle of his professional associates. Both the New York Psychoanalytic Society and the American Psychoanalytic Association had conferred on him their Honorary Membership, honours which he shared with but a very few.

Kris came to psycho-analysis in circumstances remarkable and characteristic enough to be worthy of record. Born and brought up in Vienna, he studied art history and became a custodian of the *Kunsthistorisches Museum*, the Austrian State Museum for Art in that city. He had turned towards the study of art and its history very early, indeed in adolescence, when for months he was laid up because of juvenile rheumatism, which also affected his heart. When back at secondary school, World War I caused the population of the city to feel all the hardships of scarcity; and the fuel shortage necessitated the closing of schools during the weeks of frost (Kälteferien). Young Kris used this spell of idleness to trespass into the University and its History of Art Department, where Professor Julius von Schlosser carried on his seminar discussions with his students, whose numbers were few because of the call-up. Kris's keen participation and outstanding knowledge aroused Professor Schlosser's lasting interest. But Kris caused the Professor some embarrassment when it became known that he had not yet reached matriculation age and was not even an undergraduate.

Ernst Kris graduated as doctor of philosophy, and in the 1920s entered the Austrian State service by becoming custodian of the *Kunsthistorisches Museum*. There he earned distinction as a connoisseur of goldsmith's work and as the author of the standard treatise on Renaissance intaglios and cameos. Prior to these publications he had compiled, in collaboration with F. Eichler, the museum's catalogue of its famous collection of cameos and intaglios, and in consequence he was called upon to catalogue a similar collection at the Metropolitan Museum of Art in New York.

While working among the treasures of the *Kunsthistorisches Museum*, indefatigably as he did throughout his life, and destined to become a teacher at the University, Kris had come into personal contact with Professor Freud; thus it was that, years later, he became a psycho-analyst himself. The beginning of this transformation was a romantic one. Kris had fallen in love; and that with a student of medicine whose father, Dr. Oscar Rie, happened to be an old friend of Freud's and pædiatrician to his children. (For all the relevant details about the two men, see Ernest Jones, *The Life and Work of Sigmund Freud*, Vol. 1.) It was through Marianne Rie that Ernst Kris was introduced to Freud to advise him on his collection of cameos and intaglios. We know from the *Seven Rings* how fond Freud was of these relief-carvings in stone.

Some time after, a personal analysis at the Vienna Institute of Psycho-Analysis was arranged, and in 1927 the door was open for associate membership. Later in the 1930s, Ernst Kris had become absorbed by our science to such a degree that, jointly with Dr. Robert Wælder, Freud entrusted him with the editorship of *Imago, Zeitschrift für die Anwendung der Psychoanalyse auf die Natur- und Geisteswissenschaften.*

By this time Kris thought of himself as a research worker in the field of the history of art and æsthetics rather than as a future clinician and teacher of psycho-analysis. His professional set-up was ideally fitted to the now accepted conception of how to apply psycho-analysis fruitfully and safely to the human sciences and vice versa. The idea of being expertly trained in both fields strongly appealed to Kris, though for a short while, and perhaps also in anticipation of the political changes in Central Europe, he toyed with the idea of starting all over again and studying medicine as well. He combined in himself the gift of searching for and depending on detailed, minute observation—a gift not always recognized and appreciated by his colleagues—and yet never losing sight of the entirety in which the parts are embodied. To bridge and master the gap between the two, a gap created by our sensory apparatus rather than a real one, was—as I see it—the main driving force in his thinking and his ambitions. It is this feature, if not compulsion, in Ernst Kris's method of working that makes the study of his writings so instructive, if somewhat toilsome at times, because of a liking for occasional pyrotechnics, but safe from hurried and complaisant generalizations. Or as his friend, Professor E. H. Gombrich of London University, put it: 'Kris abhorred the over-simplifications of the confident vulgarizers.' Kris was a vehement, assertive, but very cautious thinker, inclined rather to have his doubts about man's reliability in mastering the problems he chooses to face. Belief in the finality of any scientific investigation or mental achievement was unknown or unacceptable to him. He had little inclination for the speculative approach; in his thought and writings he usually started from a surface phenomenon, and did not necessarily look into it for a deeper and final meaning; he rather studied the circumstances under which the phenomenon came to be noticed; and after having more or less established these he went on to trace it backwards and also sideways, trying to make intelligible something of its origin and its multiple function. He had in my experience, which goes back to the start of his psycho-analytic career, a special liking for picking on minute details; he sometimes seemed officious when he did so. But who else could have had the patience and devotion to compile his standard works on goldsmiths' work and cameos? He did not stop after having looked for the detail; he wanted to see it in the total context of its past and present functions. Was there not something genuinely psycho-analytic in Kris's approach? Thus, what fascinated us, who saw his star rising, was his methodological shrewdness, which only much later became matched with and balanced by dispassionateness and sedateness, the fruit of much clinical work, experience, and listening to others.

His writings of this period he himself looked upon as 'applied' psycho-analysis. These and some more recent ones, forming the bridge to 'pure psychology', have been published in his *Psychoanalytic Explorations in Art*. In this book his erudition, his basic solidity, and to a certain degree his fearless, adventurous searching into the little known and the unknown, find ample proof.

When the crucial ten years or so of apprenticeship in psycho-analysis had passed (no training regulations are likely ever to shorten this period), and when Ernst Kris could feel at home in the technique of psycho-analysis, the Austrian *Anschluss* took place and soon afterwards he and his family settled in London. Here, in co-operation with Professor Freud, Anna Freud, Edward Bibring, and Marie Bonaparte he edited the first volumes of the London edition of Freud's *Gesammelte Werke* and also the *Internationale Zeitschrift für Psychoanalyse und Imago*. No newcomer in the English-speaking world, and speaking English almost to perfection, he soon felt familiar in the new surroundings. To those less fortunate he proved a helpful friend.

On the outbreak of World War II he became engaged, through the British Broadcasting Corporation, in the scientific analysis of German propaganda, and he continued this work for a while after his arrival at New York in July 1940. Several of the publications of himself and his co-workers testify to his contribution to the war effort.

In the United States psycho-analysis was about to take an upward course without precedent. Its popularity grew far beyond expectation; its applicability was hardly a problem any more; it had penetrated many walks of life. Yet even so, its scientific future seemed for a while in jeopardy. In these circumstances and so soon after Freud's death, the counsel of those who through personal contact with him knew of Freud's conception of psycho-analysis as a science was welcome and proved inspiring. Ernst Kris gradually became one of the main exponents of modern Ego Psychology. He won great prestige as a theoretician, a discussant, and a teacher in the strongest, most numerous and representative Component Society of the International Psycho-Analytical Association.

It is not important or even possible to delineate the personal contribution Ernst Kris made to those aspects of Ego Psychology which, having their roots in Freud's later thoughts, germinated at first from the ingenuity of Heinz Hartmann. However, to achieve what in the crucial years of the post-war period was achieved by Hartmann, Kris and Loewenstein, a very high degree of concord must have been at the bottom of this memorable alliance. It is a healthy sign of the working arrangements among these three men, that after they had done the spade-work, each of them pursued the kind of task which appealed most to his individuality. As the result of his own work three achievements stand out in Ernst Kris's later pursuits: his Introduction to Freud's *The Origins of Psycho-Analysis;* his research project at the Child Study Centre of Yale University School of Medicine; and finally his prominence as a teacher of psycho-analysis at the New York Institute of Psycho-Analysis, together with his activities at the scientific conventions of the American Psychoanalytic Association.

Kris's Introduction to Freud's letters to Wilhelm Fliess and his treatise on ' The Significance of Freud's Earliest Discoveries ' show him as a master of historical research. Only a very few of his contemporaries could have lived up to the occasion offered by those exciting documents, the Fliess letters of Sigmund Freud. Sensitivity to historical events is a rare gift. Many aim at too great objectivity; others achieve too little when interpreting intentions read into the past. The task was best entrusted to one who, in addition to his familiarity with the persons concerned, had acquired in an allied field some of the skill and responsibility needed for the appreciation of objects of historical significance. Had Ernst Kris contributed nothing else to psycho-analysis, his Introduction to the *Origins* has caused him to deserve our admiration and thanks for all time.

That he should become actively engaged in observing small children and studying them in personal contact would have sounded incredible some twenty or so years ago. Yet, his critical, methodological, and now very mature mind enabled him to do this when the opportunity offered itself. Dr. Milton J. E. Senn, Professor of Paediatrics at Yale, invited him to conduct a research programme of Kris's own choice. He was appointed Clinical Professor at the University's Child Study Center, the same, where, in times now past, Arnold Gesell had carried out his behaviouristic studies of child development. For some time it had been anticipated that longitudinal studies of development combined with clinical child analytic work would be helpful and promising in the achievement of an approximation of observable facts with reconstructive thought. This approach had become one of Kris's preoccupations since he sensed that the roots of Ego Psychology can as well be studied and scrutinized during the crucial years of early ego development and ego differentiation. His methodological mind, which remained unbiased by any preconception as to what the results should be, elaborated a far-reaching research programme, which was to expand over a number of years; provision had been made to meet some of the hazards of such long-drawn-out work. Kris could not without hesitation have assumed that psycho-analytic research work such as he was ready to do could easily be pursued within the setting of a University. He must have satisfied himself that the peculiar requirements of psycho-analytic ' action research ' as contrasted with ' pure research ' could and would be met within the set-up provided by the University authorities. His decision must surely have been reinforced by the knowledge that he would have a team of enthusiastic and grateful co-workers at his side. Research problems of this magnitude are too general and pressing to be dependent on the life of a single man, however outstanding he may be in his methodological approach. It cannot therefore be imagined that the time and effort spent so far will be lost as a result of the passing of Ernst Kris. His co-workers will assuredly have already found ways of carrying on the work.

Men who think and know much are usually expected to give much. If put to the test this expectation proves unjustified to such a degree that we do not even take much notice of this failure of human nature. This does not apply to Ernst Kris. His search for knowledge, and his desire to thresh out ideas which seemed to oppose each other, dominated his object-relationships. He was a great and clever talker, and a most generous and rewarding one. He liked those who came to listen and still more those who liked fencing with problems and problem solutions. In our profession he was one of those who could tolerate the existence of facts which as yet have not found an explanation. That he became an inspiring and passionate teacher during the last ten years of his short life was the good fortune of himself and his students. It is therefore with no surprise that we learn of the consternation, sadness, and frustration which his untimely death has caused among his colleagues and students. For them the loss of so inspiring and generous a teacher will be a challenge, and they will certainly try to live for and with the ideas which led our greatly mourned friend and colleague deeper and deeper into the unconquered regions of Freud's psycho-analysis.

W. Hoffer

CLINICAL ESSAY PRIZE

Members and Associate Members of the International Psycho-Analytical Association are reminded that competitors for the Clinical Essay Prize must send in their work to the Hon. Scientific Secretary of the Institute of Psycho-Analysis, 63 New Cavendish Street, London, W.1, by 31 May of the year in which they wish to enter the competition.

The conditions governing the competition are the following:

A prize of (not exceeding) 30 guineas is offered.

Requirements for the Essay

The essay shall consist of a clinical record of a case investigated by psycho-analytical methods. It should illustrate clearly the events and changes in the mental life of the patient and their relation to external environment. In awarding the prize, the Judges will pay attention to acuity of observation and the clarity with which the facts are stated. If the writer wishes to draw theoretical conclusions, he must bear in mind the necessity of making the evidence for such conclusions carry conviction.

It is recommended that the length of the essay should not exceed 20,000 words.

Date of Sending in Essays: Language: Format, etc.

Essays must be submitted on or before the 31st day of May in any year, in the English language. They must be typescript on quarto paper with ample left-hand margin. They must be in triplicate and be sent to the Hon. Scientific Secretary of the Institute. All copies of essays submitted become *ipso facto* the property of the Institute (or its successor) while it has the appointment of the Trustees for the Prize Fund.

No Award

If no essay of merit worthy of a prize is submitted in any year, no award shall be made for that year.

Joint Award

In the event of the Judges regarding the essays of two or more competitors as of equal merit, they may divide the prize money into equal parts and award it to such competitors jointly.

Eligibility

Any person of either sex, who is not a member or a past-member of the Board of the Institute, shall be eligible for the competition.

Tenure

The prize shall be given to the writer of the best essay in the opinion of the Judges submitted in any year, but the prize may be awarded to the same person twice, provided that he submits a second essay of sufficient merit in a later competition, and that the prize shall not be awarded more than twice to the same person.

Title

The competitor to whom the prize is awarded in any year may be called the Clinical Prizeman for that year.

Copyright

The copyright of any essay to which a prize is awarded shall become the property of the Institute. Should the author wish to quote it in whole or in part, the Institute shall not unreasonably withhold its consent. The Institute shall not publish in England or abroad, whether in English or in translation, the whole or any part of such essay during the author's life-time without his consent in writing. Other persons who may wish to quote extracts from any prize essay shall obtain the written consent both of the Institute or its successors, and, during his life-time, of the author.

CHARLES RYCROFT

Honorary Scientific Secretary,
Institute of Psycho-Analysis,
63 *New Cavendish Street,*
*London, W.*1.

BOOK REVIEWS

Learning and Instinct in Animals. By W. H. Thorpe. (London: Methuen, 1956. Pp. vii + 493. 55s.)

In accordance with the general trend in biology modern studies of animal behaviour are directed to an understanding of the ways in which organisms normally live in their natural habitats, and to establishing the means which enable them to behave as they do. This more total or ' holistic ' study of the living animal in relation to its environment has now become generally known as ' ethology '. ' From the philosophical point of view, the central problem of ethology is the relation between purposiveness and directiveness, and it looks at times as if this is the same as the relation between learning and instinct.' For the ethologist the question is, ' How much, if any, of the animal's behaviour is purposive and what is the relation of this behaviour to the rest? ' The problems involved are so numerous that most workers in this vast field still tend to concentrate on one line of approach, e.g. psychologists on learning, or zoologists on instincts. The outstanding merit of this book is that it is a study of the integration of acquired and innate behaviour. One of the author's major objects ' has been to point out to psychologists and learning theorists on the one hand and to zoologists and physiologists on the other how dependent each is, or ought to be, on the work and viewpoint of the other '. Moreover, the author is convinced that ' *both* subjective and objective concepts are necessary in the scientific study of life ' and that a balanced combination of subjective and objective concepts is the only hope for a complete biology and a sound biological philosophy.

The book is divided into three parts that can be read independently. Part I, ' Some General Concepts ', discusses first the relation between ' Directiveness and Purposiveness ' and then ' The Nature of Drive and its Place in the Theory of Instinct '. Part II is devoted to ' Learning ' from its most lowly form of ' Habituation ' to the higher levels of ' Insight and Perception ', concluding with a review of theories relating to ' The Mechanisms of Learning '. Parts I and II form a detailed and constructively critical review of relevant theories and provide psycho-analysts with a comprehensive survey of ethology not hitherto available. Technical terms are defined and each chapter closes with a summary.

Part III, comprising more than half the book, gives examples of ' The Learning Abilities of the Main Animal Groups ', ranging from Protozoa to Mammals. These chapters make fascinating reading and it is, on the whole, an advantage that the author gives most space to insects and birds, the groups on which his own major researches have been prosecuted. The chapter on ' Mammals ' is all too short but this group has not, as yet, been so fully studied by ethologists. In a brief concluding chapter the author gives his answer to the question, ' What, if any, is the significant over-all conclusion arising from the great and growing activity of students of behaviour during the past fifty years ? ' His estimate of human behaviour is that it is much less sharply differentiated from animal behaviour than has been supposed; ' And if and in so far as it proves true that the concept of purpose is necessary in the description of animal behaviour, another important similarity will have been established. In any event, it seems that ethology is already confirming the conclusions of other biological disciplines, and in doing this it may in due course provide many facts which will assist human beings in the better ordering of their social relations.' It may also provide data for a more adequate theory of knowledge and favour a ' Philosophy of Organism '. ' Science in order to progress must also philosophize and must enter upon a thorough criticism of its own foundations.' Moreover, ' to assume that studies of animal behaviour imply any decrease in the stature of man would be a view of the utmost naïveté . . . if only because of the existence of Science itself, man displays emergent qualities far transcending those of the highest animal . . . there are also in him vast further potentialities yet to be realised '.

The reader may be surprised by the parallelism between the ethological and psycho-analytic approaches and by the convergence of some of their respective conclusions. Although the findings of ethology may prove helpful to psycho-analysis it would be a grave error for analysts to forsake their own specific technique and perspectives. Nevertheless, the impression will arise that the psycho-sociology which is the great desideratum of our present human condition might well be termed human ethology.

Only a sample of the many points of interest raised by this book can be mentioned here. More than one psycho-analyst has already suggested that ethology may aid in clarifying some of the puzzles of infantile development. There is much in Parts I and II that is relevant to ego psychology and much too that might be helpful in converting our ' mythology ' of instinct into a more generally acceptable theory. For instance, it may help in settling the vexed question of the status of ' self-preservation '. While ' internal drive ' is considered to be the most fundamental part of the concept of instinct it is not equated with physiological need alone but involves some degree of inherited co-ordination and some, more or less rigid, inherited action patterns and releasing mechanisms. Perception is held to be ' an active organising process . . . a process in time rather than an instantaneous event ' and ' a basic characteristic of the drive of the living animal '. It is concluded that there is now ' substantial and precise evidence for a general drive in a number of animals, and that this can be looked upon as an indication of a primary motivation which to some extent, however slight, is superior to the governing centres of any of the instincts or of their combinations, and finds its most characteristic expression in exploratory behaviour in all its various forms. It is closely linked with the ideas of " expectancy " and " purpose " '. These conclusions suggest that self-preservation and adaptation to environment may be primordially synonymous and that they are now essentially ego functions whose success is dependent upon the adequacy of external reality-sense developed through perceptual experience. We are more accustomed to think of ' curiosity ' as closely linked with the sexual instincts but this linkage could be secondary, a libidinization of a more primitive exploratory drive due to the idiosyncrasies of our specifically human ' infantile sexuality '.

A distinction is drawn between preparatory or ' appetitive ' and terminal or ' consummatory ' behaviour. For the author the play of animals is not merely ' practice ' but appetitive behaviour under conditions in which the consummatory act need not or cannot be achieved. ' Thus true play is to be expected where appetitive behaviour becomes emancipated from the restriction imposed by the necessity of attaining a specific goal . . . the process of freeing appetitive behaviour from the primary needs increases perception of and mastery over the environment, and must have been one of the first and perhaps the most important of the behaviour changes which made possible the development of social life in the vertebrates, and indeed ultimately the mental and spiritual life of man himself.'

In the reviewer's opinion this book is the most outstanding and scholarly contribution yet made in the field of Ethology, a field in which psycho-analysts will find it rewarding to take a lively interest.

M. Brierley.

Beyond Laughter. By Martin Grotjahn. (New York: McGraw-Hill, 1956. Pp. 285. $6.00.)

Grotjahn tries to deal with the deeper symbolism of the ' laughable ' in jokes, the comical, humorous, caricature, farce, comedy, fairytale figures, etc.; Freud, while being mainly concerned with the function of jokes, did not give the symbolic meaning of jokes the attention he gave to the symbols used in dreams. But it is the deeper symbolism which connects the laughable with the creative unconscious. Hence the book often takes us to the borderland between the joke and art which, in a way, lies ' beyond laughter '.

The author found in his clinical work that an interpretation given in the form of a joke was sometimes more easily understood than if given in a more direct manner. He hopes that the non-analytic reader, too, will be readier to meet his own unconscious if it is presented to him in the guise of a joke. Thus reading this book becomes a somewhat unsettling experience. While we still laugh about a light-hearted joke or caricature, the author suddenly reveals the anguish hidden behind the laughter. Nor is this technique conducive to coherent argument. It is as a source book of creative experiences that the book will succeed, and not so much as a textbook on psycho-analytical aesthetics. It reminds one of Groddeck's incomparable excursions into the deep unconscious, laughing yet dead serious and implying important theoretical progress. Particularly rewarding, to my mind, is the author's attempt to establish the connexion of laughter with the personality as a whole, particularly with its aggressive components. For instance, in the typical Jewish jokes the aggression is directed against the self, hence non-Jewish narrators will not easily succeed in telling them. Women, generally, are not accepted as witty, at least in our civilization, because their wittiness is felt as castrating aggression; while women among themselves will resort to other forms of attack. The aggression of a joke renounces physical acting out. Hence practical jokes and ' kidding ' lack an essential element of the witty. Kidding in particular is thinly disguised homosexual aggression, for this reason the kidder cannot tolerate retaliation which would force him into an openly passive rôle. Indeed laughter greeting the success of a practical joke is nearer to sneering than to spontaneous reaction. (In my view, laughter represents a primitive undifferentiated type of motility which prevents purposeful behaviour; the superego condones the aggression in the joke because it cannot—at least for the time being—lead to acting out in consciously controlled motility.)

The witty personality is fundamentally a sadist who needs the laughter of his friends to overcome his social anxieties; otherwise he is a lonely figure. The book reproduces a striking photograph of the ' comedian ' W. C. Fields, portraying the ' quite unwitty dignity ' of Queen Victoria in her lonely widowhood. Fields adopts a stiffly erect attitude; we laugh as we discover that he balances on his head a candleholder in place of a crown. Grotjahn suggests that the comedian, on a deeper level, also expresses his own enforced loneliness, and so once again makes us feel the tragedy ' beyond laughter '.

The humorist, on the other hand, is a masochist at heart; for this reason he fails to act under the frustration of external reality. Grotjahn does not fully share Freud's high esteem for humour; certainly the humorist may gain inner independence, but through his impassivity he will lose in the world of reality. Yet when all is lost and nothing is to gain by being active, as in the case of ‘ Galgenhumor ’ or the persecution of Jews, the impassive detachment of the humorist turns defeat into a victory of the human spirit over calamity.

The comedian too accepts defeat and castration by representing the vanquished father figure. Laughing, the son can enjoy his victory without guilt feelings. But there may be more to it; the truly great clown, his face painted a chalky white, also stands for the acceptance of mortality and ultimate wisdom. In another of its impressive illustrations, the book shows a photograph of the comedian Emmett Kelly which has an almost surrealist quality. He poses, a decrepit clown, between a strapping bathing beauty and a relaxed young sportsman. ‘ He has no act and no action; he may sit motionless through the turmoil of a three-ring circus . . . Once in a while he may get up, reach for a broom, and slowly, carefully, forlornly—and successfully—sweep away a ray of light. He seems calmly to express in Gestalt and existence the old wisdom: Life must be lived. That is all . . .’

As the book takes us through our paces, we are made to face psychic truths which normally are not only ‘ beyond laughter ’, but which would be unbearable without it.

Anton Ehrenzweig.

The Neuroses in Clinical Practice. By Henry P. Laughlin. (Philadelphia and London: W. B. Saunders, 1956. Pp. 802. 87s. 6d.)

This book is an attempt at a textbook presentation of the neuroses from the psychodynamic point of view. The author set about his task very thoroughly and submitted most of the chapters to one or another of fifty-six senior psycho-analysts and psychiatrists. The book is nevertheless a highly personal product reflecting the author's didactic enthusiasm and his strong leanings towards systematization and simplification. It has some of the virtues and most of the vices of popular medical textbooks which offer complicated subjects chewed up in easily digestible form. The author, who is Assistant Clinical Professor of Psychiatry at Washington University, is fond of technical terms and invents new ones on the slightest provocation. He lists twenty-one phobias each named after the feared object, thus beating most clinical psychiatrists of half a century ago. All symptoms and personality traits are regarded as defence mechanisms, of which he enumerates twenty-two. In his endeavour to explain ‘ gain through illness ’ he has created two linguistic monstrosities, ‘ endogain ’ and ‘ epigain ’, the former standing for unconscious, the latter for conscious gain. He proposes the term ‘ soteria ’ for the opposite of phobia, i.e. an excessive sense of security. Accordingly, the object to which this feeling is attached is the ‘ soterial object ’. Another and rather picturesque new term is ‘ King David's reaction ’ or ‘ the royal Anger ’, of which a positive and negative form is described. This is a feeling arising from ‘ a defensive process through which condemnation and hatred of consciously disowned aspects of oneself become consciously experienced as dislike for another person ’. Some of the author's formulations are sadly lacking in sophistication.

‘ In dissociation there is a division of the mind into two or more parts ’, etc. His obsession with systematization gets away with him when he lists twenty-one sources and stimuli of depersonalisation rather thoughtlessly. Nine categories of amnesia ordered according to several principles are enumerated. He revives the unfortunate term ‘ traumatic neurosis ’, which has been given up by most psychiatrists and neurologists, having caused no end of confusion in the past. To the author, ‘ trauma ’ in this context means physical or psychic injury. Combat exhaustion is included in this group, as well as ‘ brain washing ’, with Cardinal Mindszenty as the prime example. Melanie Klein's concepts are accepted uncritically and referred to largely in footnotes. The book concludes with a long glossary of psychiatric terms, with some purely neurological ones thrown in. Some of the items are in need of correction; the definition of ‘ dementia ’ is quite obsolete; psychiatry is not a ‘ basic medical science ’, etc.

This book was apparently meant to be the product of a marriage between psycho-analysis and clinical psychiatry. If this match has not been an entire success it is perhaps because the two particular representatives chosen are somewhat lacking in breeding.

A. Stengel.

Discussions on Child Development. Vols. I and II. The Proceedings of the First and Second Meetings of the World Health Organization Study Group on the Psychobiological Development of the Child. Geneva, 1953, and London, 1954. Pp. 240 and 271. 25s. and 28s. (London: Tavistock Publications, 1956.)

Before attempting to review these volumes one should make clear what is their nature, and this may best be done by quoting some of Prof. Hargreaves' preface to the first volume. ‘ This volume, and others which will follow it, give an account of an activity of the World Health Organization—the Research Study Group on the Psychobiological Development of the Child.’ An Expert Committee on Mental Health ‘ recommended that it was desirable that the Mental Health Programme should concentrate especially on the psychiatry of childhood. It emphasized the fact that others apart from psychiatrists must be called on to contribute in this field and mentioned specifically the anthropologist, the sociologist and the social and developmental psychologist'. 'The aim of the Group was to bring together once a year for four or five years, during a period of a week, a small number of internationally eminent workers in the different disciplines which study different aspects of the psychobiological development of the child.' 'It was not originally intended that the proceedings of the meetings should be published; but the mimeographed transcript which was produced for the benefit of the members evoked such interest in those outside the group who read it that many requests for copies began to be received.' Hence the present volumes, in which the original transcript has been reduced to about a third.

The Study Group consisted of Bowlby (representing psycho-analysis), Fremont-Smith and Struthers (research promotion, the former being Chairman), Hargreaves (psychiatry), Inhelder, Piaget, Zazzo (psychology), Lorenz (ethology), Mead (cultural anthropology), Melin, Monnier, Rémond, Grey Walter (electro-physiology), and Tanner (human biology). In addition, Carothers and Krapf representing psychiatry and Odier representing psycho-analysis were present as guests for the meeting in 1953 reported in the first volume; Bindra, Buckle, Howard Liddell and Whiting for the 1954 meeting.

We could proceed to detail the fourteen prepared contributions presented in these two volumes, but that would give a misleading impression of the unusual qualities of these proceedings, which are due not so much to the great interest that many of them possess as to the free discussion that followed each paper, and the interaction and mutual influence of some of the outstanding personalities and intellects that were engaged. Among these the one who showed himself most completely master of the technique of the informal discussion group, and the readiest with relevant and highly stimulating *obiter dicta*, seems to have been Konrad Lorenz, who was never at a loss for some apt illustration from the animal world in which he is so much at home. The main psycho-analytic contributions came from Bowlby, who gave a succinct summary of psycho-analytic instinct theory in the first volume, and in the second led a discussion on the film 'A Two Year Old Goes to Hospital'. Some of Piaget's researches into the intellectual development of children were presented by Inhelder and to a lesser extent by Piaget himself. Various pieces of experimental work with animals were discussed by Bindra and Liddell in the second volume and stimulated interesting discussion without perhaps carrying much conviction of their relevance to the main topic. Grey Walter presented work on electroencephalography of childhood and also demonstrated some of his mechanical models and explained their relationship to conditioned reflex and learning theory. Whiting described cross-cultural work on identification and superego development in relation to differing methods of upbringing. The kind of difficulties of communication that may arise in such a group discussion is illustrated by the following exchange:

Bowlby: . . . The superego is rather complicated and contains more than one variable.
Grey Walter: Can you measure the superego ?
Bowlby: You cannot.
Grey Walter: Then what is the point of discussing it ?

These volumes are full of stimulating observations and contain much brilliant extempore discussion and so are very well worth reading, but naturally they do not present their subject-matter systematically. Finally, a warm tribute is due to Dr. Tanner and Prof. Inhelder for the excellent editing which must have been done to transform a verbatim transcript into such a readable and enjoyable form.

W. H. Gillespie.

Emotional Problems of Early Childhood. Edited by Gerald Caplan. (New York: Basic Books Inc. ; London: Tavistock Publications, 1955. Pp. xiv + 544. $7.50 or 42s.)

This volume consists of a selection from the papers presented at the International Institute of Child Psychiatry held at Toronto in August 1954.

The clinical studies and research reports have been arranged under three main sections:

1. Preventive Aspects of Child Psychiatry.
2. The Relation of Physical and Emotional Factors and Problems of Hospitalization.
3. Problems of Psychosis in Early Childhood.

Section 1. Prophylaxis is one of the dominant themes throughout the book; it is stated, developed and illustrated in the first case report which forms the opening chapter. This is an account of how a mother and her four-year-old son were enabled to deal in a more healthy way with their serious emotional problems, the aftermath of the father's suicide. The boy was identified as a potential psychiatric casualty at a routine mental health screening procedure to which all the incoming primary school children were subjected at intake. The term 'preventive intervention' is used to describe the therapeutic work carried out in this instance, which was directed at altering the nascent, maladaptive emotional response patterns, so as to prevent them from becoming firmly established. Scope for work of this kind exists at all stages of the child's development and a positive mental health programme must make adequate provision for it. Only in this way will appropriate psychiatric services be available in the community for its children from birth onwards.

The other clinical case studies and research reports in this section deal with various aspects of preventive psychiatric work.

Section 2. The relation and interplay of physical and emotional factors in the causation of psychosomatic and other disabilities are considered. The conditions studie include psychogenic and suspected deafness and a group of psychosomatic diseases including peptic ulcer, ulcerative colitis, and coeliac disease. Researches on the effects of maternal deprivation, and reactions of children and families to hospitalization, follow.

Section 3. Affective, autistic, and schizophrenic states are described and discussed. Views as to the aetiology of childhood schizophrenia differ, but there is now general agreement that the earlier the diagnosis is established and treatment instituted, the better are the prospects of recovery or amelioration. The old ' wait and see ' attitude, born of therapeutic nihilism, can no longer be justified. As regards prognosis, most workers concur that this is improved where unhealthy attitudes in the parents can be modified, and changes thus effected in the emotional climate of the home.

It can be said, in brief, that this section forms a valuable contribution to the literature of child psychoses.

This book bears testimony to the fact that psycho-analysis has contributed greatly to our understanding of the aetiological factors involved in producing the emotional disorders of childhood as well as to our psychotherapeutic approach. The field of study is now expanding to include the family and the community and there is increasing emphasis on prevention.

The editing of the volume has been most ably accomplished by Dr. Gerald Caplan, who is also responsible for the conference discussion summaries which conclude the clinical case studies.

Workers in the field of child psychiatry and therapy will welcome this instructive and stimulating book; it can also be read with profit by all concerned with the promotion of mental health in the young.

J. J. M. Jacobs.

Conceptions of Modern Psychiatry: the First William Alanson White Memorial Lectures. By Harry Stack Sullivan. (London: Tavistock Publications, 1955. Pp. xiii + 298. $32.)

This is the first English edition of the White Memorial lectures delivered by Sullivan to a small audience of psychiatrists and allied workers in 1939.

Although the theoretical conceptions presented in this series of five two-hour lectures are based on the work of Freud, Meyer, and White, the author's originality and independence of thought is in evidence throughout. The wealth of new formulations, together with the reformulations of old concepts, the author's passion for coining new words and his peculiar use of existing psychiatric terms, make the reviewer's task a difficult one. Brief mention will be made here of the central point of Sullivan's theory, which is based on the belief that ' Psychiatry is the study of interpersonal relations ' . . . ' A personality can never be isolated from the complex of interpersonal relations in which the person lives and has his being.' This theme occurs again and again until the reader feels that for Sullivan individuality had ceased to exist. In his preoccupation to understand processes of ' acculturation ', social and environmental modes of interaction, he seems to have come to disregard the individual's internal world and to ignore the rôle of unconscious fantasies as well as projective and introjective mechanisms. This is all the more surprising because of his interest and obviously great skill in dealing with schizophrenic patients. Admittedly he states that he is only concerned with ' the early fruits of Freud's genius '. His divergence from accepted analytical concepts, however, goes deeper than that. To give a further example, in his description of child development, infantile sexuality is never mentioned. In spite of this, Sullivan's early interest in psycho-analysis is clearly reflected in the general framework of his approach and especially in the stress placed on the value of transference interpretation in the therapeutic situation.

In view of the limited time which the author allowed himself to present his personal views on almost the whole of the psychiatric field, it is to be expected that many theoretical points remain only sketchily developed. The occasional inadequacy of the presentation is well compensated by the inclusion of a ' Critical Appraisal of the Theory ', written by Patrick Mullahy.

A. Limentani.

Magic and Schizophrenia. By Géza Róheim. Edited by W. Münsterberger. (New York: International Universities Press, 1955. P. viii + 230. $4.50.)

This book is an attempt to contrast and correlate magic as manifested on the one hand in various myths and primitive customs, and on the other in the phantasy of a schizophrenic patient.

The first part is a description of numerous magical customs and rituals in primitive peoples, many of which have, or appear to have, an oral basis. The author stresses the importance of what he calls the oral trauma, i.e. the original frustration of separation from the breast. Magic is used as an omnipotent denial of dependence, in the service of identification with the omnipotent external world and as a revolt against the superego, i.e. the internalized parents. The author stresses the acting out of various omnipotent destructive phantasies against the mother's body and the magical ways of being reunited with the mother. He also draws attention to the way that magic is used to master reality.

The second part of the book is concerned with the phantasies of a male schizophrenic patient observed for eighteen months in a mental hospital. Although the material recorded is extremely interesting, no attempt was made to analyse the patient, and hence it was not possible to obtain confirmation of the author's speculations about the meaning of the patient's material.

However, he does make many valuable and stimulating suggestions, and concludes that the patient's difficulties were primarily related to loss of the breast and his reactions to it; viz. Oral phantasies and anxieties, body destructive phantasies, the talion form of these phantasies, and phantasies of omnipotence and identification.

The author concurs with Schmideberg's theory that schizophrenia is a flight to the good internalized object. His final conclusion is that in schizophrenia and primitive magic there is an object-directed cathexis, followed by withdrawal and secondary narcissism and finally a return to the object. In folk customs the magic is ego-syntonic, in schizophrenia not so.

One main criticism of his interpretations and conclusions is that he pays practically no attention to projective mechanisms which are very evident in the patient's material, and indeed in all schizophrenics. The problems of ego-splitting, projection into and confusion with the object, concretization of thought, symbolization, etc., are on the whole ignored, although an attempt is made to show how words are treated as concrete objects.

Also the author, although referring occasionally to internalized objects, does not discuss either their relationship to the ego or their function within the ego or superego.

An account of the actual analysis of the patient would have carried more conviction and perhaps, given more understanding of the patient's use of magic than it does in the mere recording of the patient's productions.

H. S. Klein.

Psychiatry, the Press and the Public. Problems in Communication, edited by Wilfred Bloomberg *et al.* (Washington, American Psychiatric Association, 1956. Pp. 66. $1.00.)

This easily readable and well organized booklet is a report of a conference conducted by the American Psychiatric Association in co-operation with the National Association of Science Writers and the Niemann Foundation for Journalism. It is concerned with the problems of communicating psychological subject-matter to the public. The spirit of understanding and of critical co-operation shown by the various contributors offers an excellent example for other workers in this field.

Major consideration was given to depicting and understanding some of the problems involved. Semantic and cognitive factors were examined. Emotional factors were correctly stressed. Perhaps the psychological professions should inquire more into their motivations for ignoring their responsibility in communicating to the public; writers might wonder why they need so often to distort and sensationalize the material. There may be answers other than the logical commonsense ones. And the emotional difficulties of the public upon getting psychological data are considered. More might be asked of the aims, present and future, in communicating on these matters with the public.

The contributors have largely avoided imitating Dr. Gregg's definition of ' . . . a zealot as a person who redoubles his efforts when he has lost sight of his aim '. In this beginning, they have made a refreshing approach by constructively focusing on the problems.

Marvin Brook.

Neuropharmacology. Transactions of the First Conference, May 26, 27 *and* 28, 1954. Edited by Harold A. Abramson. (New York: Josiah Macy Jr. Foundation, 1955. Pp. 210. $4.25.)

This is a record of a conference devoted to the neurophysiology of some emotional changes produced by drugs. Among various problems the physiological concomitants of anxiety produced by injection of certain drugs were studies experimentally, with special reference to cerebral circulation. The changes of electrical activity in relation to anaesthesia were another subject of research. Among the participants in the symposium were psycho-analytically informed neuropsychiatrists and neurophysiologists (Grinker, Gerard, Mirsky). This book testifies to the seriousness with which the multidimensional and interdisciplinary approach is being pursued in the United States. Although symposia such as this have so far achieved no more than to throw into relief the difficulties of a synthesis, they are bound to prove fruitful by improving mutual understanding between all those concerned with research into mental functions.

E. Stengel.

Sexual Behaviour in American Society. An Appraisal of the First Two Kinsey Reports. Edited by Jerome Himelhoch and Sylvia Fleis Fava. (New York: Norton, 1955. Pp. 446. $5.00.)

The Kinsey Reports, whatever their merits and faults, have made a tremendous impact on the lay public and a considerable impression on the experts. This book contains a selection of critical reviews of high standard from the methodological, sociological, psycho-analytical, psychiatric, anthropological, legal and religious points of view. Most of the thirty-eight articles had been published previously in various journals, and the Society for the Study of Social Problems deserves gratitude for presenting them together. The psycho-analytical standpoint is ably expressed by Kubie and Eisenbud. This book is indispensable for everybody who consults the Kinsey Reports.

E. Stengel.